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ABSTRACT

This collection of 11 articles focuses on various kinds of change that children face, and ways that adults can help nurture the development of coping strategies. Situations of change covered are crises of death, divorce, imprisonment, or hospitalization of family members, new environments such as entering school, the birth of a new sibling, and child abuse and neglect. Also discussed are the utilization of community resources to help the child cope with change, and the problems facing the gifted child. (Author/SS)

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Helping Children Cope with Change

Editors:
Sandra M. Long
Barbara Batchelor

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WHEN THERE IS CRISIS:

HELPING CHILDREN COPE WITH CHANGE

SANDRA M. LONG
BARBARA BATCHELOR
EDITORS

INDIANA ASSOCIATION FOR THE EDUCATION
OF YOUNG CHILDREN
TERRE HAUTE, INDIANA

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Dedicated in Memory

of the outstanding contribution

of

Dr. Annie L. Butler

to the field of early childhood education

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INTRODUCTION

Change is a certainty in the lives of all human beings. For a young developing child change alone often presents a crisis situation of varying degrees of intensity. As adults we view change as positive or negative and respond in like manner. Young children lack the maturity to sort out and understand the options and opportunities that change can bring.

The mechanisms and strategies for coping with change are necessary ingredients for healthy development. The authors address themselves to the multitude of change that children in the present decade face. They also suggest ways that adults can help nurture the development of coping strategies.

Children are found in two primary settings. They are family and non-family. The authors have used interchangeable names for the non-family settings as preschool, school, day care or nursery school. The choice of non-family setting is left to the discretion of the reader to fit a particular need for information. It is the wish of the editors that the articles included will serve to identify crisis, aid the adult, and promote the development of coping strategies in young children and prompt the reader to search for creative ways of helping children cope with change.

Barbara Batchelor
Sandra M. Long
1979

EDITORS' NOTE

Due to the untimely death of Annie L. Butler on August 18, 1979, the following article is of particular significance. In it, Dr. Butler addresses the subject of death; the article is thought to be her last article written for publication. Dr. Butler, Professor of Early Childhood Education at Indiana University, made numerous, formidable contributions to the field of early childhood education which are immensely appreciated. Although she will be gravely missed as a leader and a friend, her impact will continue to influence the future course of early childhood education.

S.M.L.
B.B.

DEALING WITH INTENSE FEELINGS: CHILDREN AND CRISES

Annie L. Butler

It is often hard for us to realize that even very young children have feelings that are just as intense as the feelings of adults. Even when we do realize the intensity of children's feelings, it is difficult to cope with their feelings in a sensitive and dignified way.

Within the last few years as we have brought our discussions of crisis situations of death, divorce, abuse, and neglect more into the open, we have begun to include the responses of children in our concern. We have also begun to study the effects of other crises on children such as those related to hospitalization and illness, and imprisonment of parents. In most of these crises, children must cope with separation and loss, and frequently with both anger and fear. These are crises in which parents and teachers may take actions that may be helpful or harmful to children's eventual ability to cope. They are crises in which children have a right to the guidance of informed and understanding adults, whether they are parents teachers, or friends. They create some kind of disruption in children's usual responses to family activities and classroom routines that require understanding and guidance.

Responses to Crisis Situations

We are just beginning to become aware of the number and significance of crisis encounters for children even those under six years of age. In a two-week survey of 16 children in a nursery school, Gilbert Kliman (Parness, 1975 reported the following events: a tonsilectomy, the injury of a relative in a car crash, sudden hospitalization of a sister in the middle of the night, a brother's operation, the death of a grandmother, a prolonged parental absence due to a two-month trip abroad, the death of a turtle, the death of a cat, and revelation to a child's family that an uncle had died during the preceding months. We tend to

think of children's lives as more protected than this. Often we do not recognize or fail to deal with the potential effect of such experiences on children.

Disruptive separations, both brief and extended, may be the earliest experiences of loss in a child's life, setting precedents for the content of his or her later responses to separation, loss, or even death. Later childhood and adult reactions to losses of many kinds may be deeply influenced by the timing, frequency, and conditions of early separations and reunions.

Death

If you have observed the notices of seminars sponsored by local churches and community organizations, you know that experiences of responses to loss-primarily loss through death--have been receiving widespread attention. Social, cultural, and personal attitudes toward death and dying are being explored in psychological and medical literature. Styles of grieving and mourning in response to death are being identified and examined for their potentially pathogenic or healing features. Only recently have we begun to study the relationship between children's early experiences of loss and the course of their development. The most traumatic of these experiences--the child's prolonged separation from his or her mother by death--has been found to cause failure to thrive, prolonged and delayed recuperation from infection, and illness and hospitalization as the most apparent physical results of this deprivation.

A separated toddler may grieve and mourn, display searching and longing with all the intensity of an adult mourning the death of a loved figure. Paradoxically, an older preschool child may appear to accept the news of the death of a parent more passively, but he or she may insist, though, that the dead parent will be present for his next birthday. Within the developmental framework of human experience, this response is not devi[illegible] nor pathological. The behavior becomes comprehensible a[illegible]n expression of the

child's cognitive development and his or her adaptive efforts toward survival.

Children ranging in age from 6 to 15 years were asked four questions. "What makes things die?" "How do you make dead things come back to life?" "When will you die?" "What will happen then?" (Koocher, 1974) Six- to eight-year-old children gave answers including fantasy reasoning, magical thinking, and realistic causes of death that were marked by egocentric reasoning characteristic of the preoperational child. Responses including the specific means of inflicting death, with or without intention, such as naming specific weapons, poison, or assaultive acts were given by the concrete-operational children, about 7 to 12. Children over 12 included abstract clusters such as physical deterioration, naming classes of potential causes, or the recognition of death as a natural process which was typical of formal-operational children.

According to Piaget, children at the "preoperational" stage of cognitive development might be expected to describe one or more means by which dead things could come back to life. This agrees with Koocher's (1974) findings that preoperational six-year-old children told ways they thought the dead could be revived. In answer to the question, "When will you die?" all but one of the 75 preoperational children were willing to make an estimate. These estimates ranged from a low of 7 by a six-year-old, to a high of 300 years by a nine-year-old. The question, "What will happen when you die?" elicited responses such as references to being buried, an afterlife, having a funeral, and how death would occur. Other responses referred to some aspect of sleep, to being remembered by others, to reincarnation and to cremation. It was apparent that children's ideas about death are quite different at different age levels. Such differences assume dramatic proportions when the death of someone close to the child, or even a pet, forces an adult into the awkward and uncomfortable position of explaining to a child what has happened.

Divorce

In 1974 more than a million children in the United States below the age of 18 were affected by divorce. School age children were the largest single group affected. In divorce the central event for most children is the parental separation. The child frequently perceives the parent's departure as a departure from him or her personally. In addition, the physical departure of the parent and the parent's belongings, and the continuing absence of this parent, to the child, is psychologically comparable to the event of death and frequently evokes similar responses of disbelief, shock, and denial. Seven- and eight-year-old children have been found to be immobilized by their suffering and their defense organization more vulnerable to regression than that of older children. (Kelley & Wallerstein, 1976) Sadness was their most striking response with some of the children able to express their sorrow directly within the supportive structure of a counseling interview. The world of some children seemed filled with symbols and events of death, damage, loss, and emptiness. Some made use of avoidance and silence while others maintained a strong verbal denial of sadness or vigorously addressed themselves to peripheral issues. Most of the younger latency children were frightened by their unstable family situations. Crying and sobbing were not uncommon, and fantasies of deprivation prevaded their activities. In contrast to preschool children, many of whom may think they caused the divorce, most of the latency children denied any feelings of responsibility. Wishes for reconciliation, by contrast, were widespread, open and enduring in these children. None of the children were pleased or relieved with the divorce, despite a family history of chronic, often violent marital conflict. More than half of the children missed their father acutely and it was little comfort to them that they saw him on occasional visits. Many children felt the brunt of their parents' bitterness and continuing rage toward each other as it was re-enacted during visits. Relationships with the custodial mother were characterized by anger and rage, but even more common were fears of antagonizing the mother for fear of also being

rejected by her. Unlike older children, early latency children seemed not to have any adaptive solutions for avoiding the pain. There was no straight-forward relationship between the intensity of the child's suffering at home and an observable reaction to the divorce as seen at school.

When studied a year later, the intense pain and suffering initially experienced had disappeared; in its place was a sad, resigned attitude about the divorce. By and large, and latency children accepted the divorce as final. This realistic acceptance was in contrast to the researcher's observations of the five- and six-year-old girls, who continued to cling to fantasies of the father's return.

Imprisonment

A fairly common form of separation on which little literature exists is that of imprisonment of the parent. Sack and his associates (1976) studied the families of imprisoned fathers and imprisoned mothers involving 73 children between the ages of 5 and 14, including 37 stepchildren. A few of the children manifested some form of antisocial behavior within a short time after their parents' incarceration. The most frequent complaint reported by parents was aggressive and disruptive behavior which seemed to occur more frequently at home than at school. Children were "always fighting over little things", outbursts were frequent in the form of "I don't want you. I want my Daddy." Strangely, imprisonment of the mother did not seem to produce even mild aggressive behavior. Often imprisonment was the last of a series of family crises and seemed more of a precipitant than a cause of antisocial behavior.

Hospitalization--long-term and minor illnesses

At one time or another, we are faced with a child who has some kind of chronic physical condition, particularly if visual and hearing impairments, mental retardation and speech, learning, and behavior disorders are included. The most common physical conditions are asthma, epilepsy, cardiac conditions, cerebral palsy, orthopedic illness,

and diabetes mellitus. Children with long-term physical disorders are subjected to a multitude of emotionally stressful situations, often of a recurring nature.

A common cause for emotional stress in illness is due to the uncertainty as to why pain and suffering occur. The preschool child, in particular, has little ability to comprehend the causability of illness, tends to interpret pain and other symptoms as a result of mistreatment, punishment, or "being bad". Children up to the ages of 8 to 10 often attribute illnesses to family interactions, e.g., they get sick because of their disobedience or they might blame family members for causing the illness. Young children inflicted with an heredity illness often voice hostile accusations against their parents. The often frequent and lengthy hospital admissions for chronically ill children make it necessary for them to adjust to an unfamiliar, regimented hospital environment with a confusing array of health specialists and frightening often painful medical proceddures. Most sick children find immobilization and restriction of activity emotionally stressful. They rely on freedom of movement to discharge tension, to express dissatisfaction and aggression, and to explore and master the environment, so prolonged restraint can cause them to panic, develop temper tantrums, and become a serious management problem.

All children who are ill regardless of age group, sex, and type of illness, show some temporary loss of their age-appropriate behavior (Mattsson & Weisberg), 1972). In addition, there are significant qualitative differences in the mother-child interactions. In Mattsson & Weisberg's study (1972), the two-year-olds were clingy, whiny, and dependent on the mother, children three and older showed a diminished interest in physical and verbal contact with the mother often to the point of rejecting efforts at giving extra attention. They frequently withdrew into a self-contained undemanding state such as resting quietly or watching television. During convalescence there was a frequent appearance of separation fears. It seemed as if these children had experienced an "emotional separation"

from their mothers during their state of relative withdrawal. Carey & Sibinga (1972) have described the five stresses and needs experienced by the acutely ill child as: 1) the discomfort of the illness itself and its treatment; 2) the emotional reactions to the illness, such as feelings of guilt or of being bad, fears, anger, depression, and apathy; 3) the loss of normal social contacts at school and elsewhere outside the home; 4) the restrictions; such as bed rest and diet, within the home; and 5) the changed relationship with his/her parents, who may display indulgence or hostility. Parents and teachers often are not prepared for these behavioral differences and are bewildered when children do not respond in their characteristic ways.

What Adults Can Do to Help the Child

Obviously, it is not possible in a short paper to discuss ways of helping children cope with all their crises. This section, therefore, will be confined to some general guidelines. It may help to review that the feelings most frequently involved are abandonment, anger, hostility, and depression. Often crises cannot be avoided but children's coping abilities can be enhanced by the behavior of adults around them.

Information Needed

Children need information--they must have as much help as possible in understanding the situation. Information should be given in a form simple enough for the child to understand. Not all information needs to be given at one time, even in response to children's questions. It is better if communication can be kept open and children can seek more information as it is needed. If a trip to the hospital is involved, children can be helped to cope with the situation by being given a tour of the hospital when they are not sick. Explanations can be given, equipment can be demonstrated or even tried out to relieve some of the fear. Increasingly, hospitals are responding to the fear and anxieties of children by providing information

about what will be done to children and how it will affect them.

Some parents do not answer children's questions about death adequately because they either do not know how or they wish to shield the child from the harsh realities of death. Other parents do answer their children's questions but in an attempt to protect the child, they give bad answers which confuse the child. A child who is told that a dead loved one has gone on a long, long trip will think that the person went voluntarily and will return. He will also wonder why he left without saying goodbye--why he deserted the child. Those adults who undertake explaining death to a young child would also be wise to ask the child to explain back again what he has been told. This would offer the opportunity to detect and correct any gross distortions or misperceptions on the part of the child.

Many of the children of imprisoned parents are deceived in some way. In some families, total deception is practiced. Often only the older children know the truth. The fathers do not know what had been told to their children--some parents do not know who has handled the job. This only worsens the crisis for children especially when there has been publicity and the children's friends may know more than they do about the imprisonment. Accurate information must be provided but it can be done in a way to help the child maintain respect for the imprisoned parent.

Feelings Need to Be Expressed

Children should be provided with opportunities to express their feelings. This is helpful both as a means of expression and as a means of helping the adult understand the kind of connection the child is making between the crisis and other events in his life. For preschool children, play has long been recognized as an avenue to children's perceptions, feelings, and ideas about their world. Self-initiated play permits children to develop their own themes and to describe their understanding of

the crisis. Encouraging exploratory play implies an acceptance of the children's strong feelings, despite their cognitive limitations and apparent distortions of reality. We need to be aware of the importance of having play materials available as stethoscopes, play syringes, mirrors, white coats, and bandages to encourage expressive play, but we also need to be aware of the need for supervision of such play. The ritual that older children follow in burying the dead bird is also valuable in helping children understand death.

Attitudes of Adults

Adults who are important to children can help them only if they are prepared to explore their own attitudes and anxieties about separation, loss, and death. To the extent that they are able to confront and explore their own perceptions and feelings on these issues, to that extent they will be able to function more appropriately with children. It may be necessary for us to be willing to learn ways of helping children which differ from the approaches that may have been used in our own families.

Not all families can cope with crises without outside help. Particularly in the case of violence or abuse and imprisonment, treatment is urged which relates to both the child's needs and the basic family situation. Family counseling or short-term therapy is also frequently recommended.

The most important services are preventive. Children who grow up in a family atmosphere where members communicate freely with each other and have warm and accepting relationships are in a situation conducive to dealing with their feelings of anger and hostility. Parents who can accept their children's feelings without threat because of their intensity of implication that the parents might not be perfect are well on the way to helping their children. Family life education which enables families to deal with their feelings and value systems and to acquire basic information about their own attitudes and feelings as well

as its growth and development of their children can help parents establish the kind of open atmosphere in which different family members can cope with their feelings. Many young parents must have this help because neither their experience nor their education has provided it.

Teachers must also be able to create a classroom atmosphere where there is acceptance and respect for feelings. Teachers, themselves, must have an understanding of their own feelings and attitudes which enables them to relate to children with warmth and acceptance, though not necessarily condoning all of their behavior. Teachers, baffled by children's behavior, often find that children in their lack of knowledge have created fanciful or unspoken fears or have a distorted view of a situation. If they express their fears or anxieties, the teacher may find an explanation for behavior that at first seemed incomprehensible.

Children have a right to accurate understandable explanations, to express their feelings and concerns and to adults who in spite of their own stresses are able to help them. Not all crises are preventable but the relationships which exist prior to their occurrence can be a source of strength to both children and adults, to the children because they have learned to trust adults, to adults because they have experience in showing respect for the feelings of children.

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THE CHANGING CHILD IN THE CHANGING FAMILY

Sandra M. Long

In their world of tomorrow, children will likely confront numerous changes or problems which have their genesis in the family. One type of problem children must increasingly confront is parental divorce. With a 700 percent increase in divorce since 1900, there are a vast number of children affected. According to the Bureau of the Census (1977), in 1976 there were 1,077,000 divorces compared with 2,133,000 marriages, or nearly one divorce for every two marriages. In 1976 the divorce rate was 5.0 per 1,000 population, and the marriage rate was 9.9 per 1,000 population. Glick & Norton (1976) emphasized that as long as rates of marital dissolution remain high, a large number of children will continue to experience the stressful change of family fragmentation.

Keniston & the Carnegie Council on Children (1977) recently exposed a multiplicity of pressures penetrating the American family. Keniston (1977) estimated that four out of every 10 children born in the 1970's will spend a part of their childhood in a one-parent family, usually with the mother as head of the household. Adults and children are finding it increasingly difficult to cope with the effects that rapid, unanticipated change is generating in their lives.

Bane (1976) reported the effects on children of these changes in the family are not well recognized; while hardly anyone argues that divorce is good for children, the extent of harm presumably done has not been documented. Kelly & Wallerstein (1976) reported that systematic research regarding the impact of divorce on children is still in its beginnings; few studies have reported responses of preschool children and adolescents at the time of parental separation and shortly thereafter. They see the 135 percent increase

in divorce since 1962 as a national trend with no signs of diminishing. Since children increasingly are having to cope with problems related to parental loss, educators need to reassess their role in assisting the child in coping with the realities of his present life and the changes he may confront in the future. Although he may not presently be coping with the impact of divorce himself, it is likely many of his peers are affected.

Since the young child spends a considerable amount of time in an educational setting, it would be beneficial for early childhood educators to be cognizant of problems children from one-parent families may experience. To bridge the gap between home and school, communication of problematic change is helpful. As concerned parents, single-parents have often pondered questions of how divorce has affected their children and what changes their children may experience as a result of divorce.

Seventy-five single-parents participated in a study (Long, 1978) which helped answer such questions. Although not all children exhibited the same problems and to the same degree of intensity, nevertheless, some concerns did occur more than others. When they are handled successfully, the child will continue on the path toward healthy development. Knowledge of such problems or concerns will provide guidelines for assisting the child to cope with change in the family.

Educational Concerns

Single parents were concerned that the child in a divorce situation often had to change schools. Although a relocation after divorce produces changes for everyone, it often produces many changes for the young child which may go unnoticed by many adults. Adults may be so involved in re-establishing their own lives that changes the move makes in the child's life may be overlooked. Since children may not elect to move and since this change was probably a result of forces beyond their control, children may feel resentful about being uprooted from their school

and friends. Moving will probably necessitate the child's forming new peer groups, relating to new teachers in a different environment, and having to experience numerous new situations. All these new experiences require the child to experience a range of emotional responses and adjustments.

Quality of schoolwork and classroom attention were naturally concerns of the single-parent. Many parents indicated their children experienced difficulty in such areas. Parents revealed boys had more academic problems than girls. Closely linked to school reports, quality of schoolwork, and classroom attention was the child's wanting to attend school. Several parents reported their child did not want to attend school after the divorce. Such behavior may have a direct relationship upon other academic areas. Since the child experienced separation from one parent, there may exist a fear of being separated from the other parent, which may be manifested by the child's wanting to stay at home instead of attending school. Younger parents (25-35) rather than older parents (36-47) were more likely to indicate their child did not want to attend school. This problem was also more apparent shortly after divorce.

Since the child may or may not outwardly exhibit behaviors the parent and teacher might interpret as signs of stressful change, teachers and parents need to carefully observe the child, to learn to take time to consciously listen to what the child attempts to communicate through language and through play, to allow the child to express feelings, and to provide an environment where the child feels secure to learn and to cope with experiences which are an integral part of his life.

Single parents revealed an area of particular concern in parent-teacher relationships. Concerns in the area posed the issue of whether there is adequate communication between the home and the school. Parents questioned the interest of the teacher pertaining to the concerns of single-parents, and indicated the teacher displayed more

concern shortly after their divorce rather than later. Parents were also concerned that the teachers did not provide books and other media which represented the single-parent family in a positive manner; however, members also emphasized the responsibility of the single-parent in acquainting the teacher with materials relating to the single-parent family which might be available. Parents indicated teachers were less concerned with providing such materials for the older child.

Fathers had the most concerns in the area of parent-teacher relationships. There appeared to be a greater lack of communication with the father who had custody of the children and the school than with the mother with custody. This factor raised the issue of the quality and quantity of father involvement in the educational setting.

Social Concerns

It did not appear unusual for the child in the one-parent family to seek companionship with an adult of the same sex as the departed parent. Sometimes the child noticed physical similarities between other adults and their departed parents, i.e., noticing men with beards if their absent father had a beard. Some parents noticed their child expressed an intense desire for attention or to carry on a conversation with an adult with traits similar to the absent parent. Some parents remarked the child also appeared to like to talk about the absent parent with new acquaintances.

Many single parents observed more noticeable or overt unacceptable behaviors by adolescents than by younger children in single-parent families. Possibly these younger children were not coping as well as they outwardly appeared to be, and their anxieties were not obviously manifested until they reached a later stage of development. One parent said many single-parents viewed divorce as "good riddance" for them; therefore, they assumed it was also good riddance for the child and were often blind to the young child's problems. The parent said younger children

may be deeply affected by divorce but may not pursue as many unacceptable outlets for expressing behavior as the adolescent.

Many parents reported their child experienced an increased involvement in quarrels after divorce. One parent remarked that she could understand the child's quarreling and viewed it as a result of a frustrating situation over which the child felt powerless to control. Another parent was deeply concerned that her son's quarreling intensified at school and caused him numerous social and academic problems. Single parents indicated boys had more problems of a social nature than girls.

Psychological Concerns

Single parents reported that it was not unusual for the child to talk of feeling unwanted, seeming lonely, and asking the parent to find a mother or a father to replace the absent one. One single-parent had observed her daughter's desire for a "Daddy for me"; however, she emphasized the child wanted the daddy for herself and not necessarily to share with the mother. Some children felt they were responsible for the divorce and that it would not have occurred if it had not been because of them. Feelings of being unwanted may result from such a situation. A parent stressed a child's feelings of being unwanted may stem from lack of communication between the parents and the child. Other parents emphasized the child's feelings of loneliness and isolation. A single-parent who herself came from a divorced home remarked she experienced great feelings of anxiety and loneliness when as a child she was asked to choose the parent with whom she wanted to live. She said the burden of such a decision may evoke several negative emotions and should not be a decision entirely for the child to make. Since the child loves both parents, feelings of a loyalty conflict may emerge.

The variety of responses to divorce and their intensity are reflected in the manner in which the situation is handled. Some parents remarked the child's adjustment to

divorce was cushioned by talking with the child about the divorce in preparation for the parent's departure. Other parents painted a bleaker picture of the child's subsequent adjustment. Many children were not properly prepared for their parents' divorce; for example, one child learned of the parents' divorce upon being taken on a surprise trip one day to a different apartment to which all of her belongings had secretly been moved. In the parent's opinion, the sudden surprise move spared the child the anguish of being told.

After divorce, parents noticed children may have a tendency to give up easily on tasks, want things their way, and seem anxious. One parent noticed her child did not appear to concentrate as well on tasks after the divorce, and lacked the motivation to finish tasks. Other children appeared to utilize the divorce situation to get what they wanted. Some children either rejected the absent parent or displayed an unusual amount of affection to "get things their way". Parents reported children "playing one parent against the other" to fulfill their wishes. Being lonely, restless, and having temper tantrums usually occurred shortly after divorce. Although such behaviors in children may be difficult for any parent to deal with, they may be especially difficult for single-parents who are working hard to re-establish their own lives.

Some single-parents had observed their child often appeared anxious prior to or after a visit with the absent parent and noted such anxiousness often had an affect on the child's behavior at school and the quality of schoolwork just before visit or after the visit. Since many visits with the non-custody parent occurred on the weekend, parents remarked a change in the child would most likely be observed at the end of the week or at the beginning of the week.

Single parents reported their child experienced an increased number of problems following a divorce. It appeared certain psychological problems were more likely to occur shortly after divorce. This finding indicated the

critical importance of establishing good support systems for the child during time of immediate crisis.

Physical Concerns

When children experience stressful change in their lives, they may exhibit some physical signs which are often overlooked. Single-parents reported some areas of concern they experienced were their child's overeating, eating more between meal snacks, not sleeping well at night, and having vague physical complaints. Vague physical complaints occurred more frequently shortly after a divorce. Younger parents (25-35) indicated problems with the child's overeating and older parents (36-47) reported problems with sleeping.

When a child seems to be frequently expressing unfounded physical complaints, parents should examine their own behavior to see if they could be serving as a model. If children see an adult dealing with a stressful situation, by having frequent physical complaints, then the child sees a pattern with which to react to difficulties. Sometimes the child may "just be wanting attention" which is still a way of asking for help in dealing with emotions.

Child Related Services

It was not unusual after a divorce for a child to make an increased number of requests for items or services of a financial nature. Such requests were often at a time of financial difficulty for the single-parent. It appeared there were often more requests to go on trips, to movies, and other activities which cost money. It also seemed there were more requests for tangible evidence of parental love.

Another area which single-parents expressed concern over after divorce was the increased necessity for day care, before or after school care, and/or housekeepers. Parents were more concerned with child care related problems with girls. The need for such services make financial

demands greater. Although such services may be needed, not all single-parents can find them available or afford them. Many parents indicated the need for the child to assume more responsibility for household duties. Parents also expressed concern that the children did not understand why they couldn't be home more together.

Since single-parents were concerned that their child had stated they did not understand why the family did not have many of the "extras" they previously did, it appeared a simple explanation concerning financial changes due to the divorce and how the single-parent family would be affected was needed. However, other parents reported children expressed concern that the family did not have enough money. Older children were more likely to be concerned with finances. Under these circumstances, the child may have heard too much discussion of financial matters. It appeared the child needed enough knowledge of the family's finances to understand why some requests for items could not be fulfilled but also did not need to know enough to cause worry.

It is apparent the nature of the family is changing, and this change also evokes changes in the young child's life. When single parents share concerns and problems they have about their children, new insights are provided for the new single-parent and for those working with the single-parent child. It is through such insights that new knowledge is gained about how to turn the stressful changes involved in a divorce situation to channels for positive coping. When parents and teachers are cognizant of the changes the child may experience, the school and the parent may be a primary catalyst in enhancing positive experiences for growth and development.

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COPING WITH A NEW ENVIRONMENT

Jan McCarthy

The challenge of coping with new environments begins at birth and continues throughout life. There is a great deal of evidence in child study literature indicating that the experience of children between birth and age six impact heavily on the way they respond to new environments for an extended period of time.

Adults who are responsible for guiding the development of young children between the ages of three and six years are urged to be sensitive to a few major points. The young child is in the process of becoming a person. Strong feelings are often evidenced; imagination is active; a conscience is developing; social relationships with peers and adults are being built; and the desires to be autonomous often falter. When the development of self interacts with outside forces a complex network of responses prevails; therefore, no single solution exists for helping a child cope with a new environment. Each child must be treated as an individual. This does not mean, however, that there are not guidelines for adults to consider.

Several steps can be initiated by the responsible adults which will alleviate anxiety within the child and promote a smooth transition to a new world.

Preparation for Experiencing a New Environment

When the child will be entering a new environment, the responsible adult should prepare the child for the experience in a variety of ways. Conversations about a new place may be initiated, including the suggestion that the child and adult go to the library to find a book about this special place which may be a nursery school, a hospital, a doctor's office, or the inside of an airplane. Through the illustrations and story the child may formulate a better

understanding of the unknown world and ask questions of the adult. This removes the adult from the role of trying to convince the child that a new environment is going to be an enjoyable one.

Some precautions should be noted. An over emphasis on discussing the new environment may cause the child to become doubtful. If the unknown place is so great, why does this have to be recounted so frequently? Does Mother (or the responsible adult in the situation) really want to get rid of me? These are examples of the thoughts that may trouble the child. Likewise, attempts to establish with the child that he/she will really like the new place may be fruitless. From the child's point of view, a description of an unknown nursery school may sound as remote as an astronaut's attempt to convince an adult that spending a period of time on the moon is a pleasurable experience with no reason to be fearful.

Additionally, the responsible adult should avoid conveying misinformation in order to entice the child. Indicating that a trip to the hospital or doctor's office will not be painful when it is anticipated that the child will be receiving an injection will cause great distrust in the future. Simple and honest explanations will enable the child to prepare for coping rather than being startled by the unexpected.

Making Sense Out of a New Environment

A child will feel comfortable in exploring a new environment with an adult who is trusted. Visiting a nursery school or hospital with that adult prior to spending an extended period of time in the environment may ease the child's transition. The child will explore more freely and ask questions when not preoccupied with concern for remaining too long. Allow the child to pace this visit.

If the transition is from home to school, it is helpful to have the child become acquainted with other children who will be attending the school. Friends who have played with

the child at home are welcome faces in a new setting.

When the day arrives for the child to spend an extended amount of time in the new setting, the transition may be smoother if the child is allowed to take a familiar toy or book. Having a personal belonging present tends to give a sense of security. Also, the responsible adult should assure the child that he/she will remain until the child agrees that the adult may leave. When the child feels confident that he/she will not be deserted, it is much easier to become involved with new people and new activities. Through interaction with things and people, the child's understanding of the environment is clarified and the child finds a comfortable way of adapting.

Times of transition require a great deal of patience. Allow time for the child to interact with new adults and develop a sense of trust. Allow time for the child to explore a new environment without being threatened.

When Doubts Arise

Once the child has made a smooth transition to a new environment, the adults in the child's life are deeply chagrined when relapses occur. Occasionally, the child becomes very hesitant to return to a place that has previously been of high interest. Several reasons may prompt this behavior.

On some occasions, such as attending nursery school or kindergarten, the child may have had a conflict with a peer or adult that may have been of little concern to the adults. However, from the child's perspective, the problem may have been a major issue. Once the problem is identified, the solution is usually easy to accomplish.

Another common relapse among nursery school children occurs when the child has had an extended illness. Upon preparing for the return to school, the child may become over anxious and need the support of the trusted adult until school friendships are re-established.

The arrival of a new sibling or conversations about activities that a younger sibling and mother or father engage in while the nursery school child is attending school often detract from the child's desire to remain in the new environment. Parents may find themselves in a troublesome position. A young child may feel very lonely when the older brother or sister starts to school. In order to avoid loneliness and unhappiness, some special events may be planned by the parents. These events may sound attractive to the child in nursery school and cause the child to become dissatisfied with the new environment. The troublesome issue lies in the fact that often the child does not freely say why he/she no longer wants to go to nursery school. It takes a great deal of courage to say, "I do not want Mother and my sister to do things without me." The child is more apt to say, "I don't like school", or "I'm afraid", or "They make us do things that I don't want to do." Children are still in the process of developing an understanding of the relationships among people and are unsure of what their role is in this situation.

Individualizing Transitions

Each child will bring a unique coping ability to a new environment. Some children will have great trust in the responsible adults in their life and see other adults such as a teacher as a person to be trusted. Other children may be quite dependent upon the responsible adults in their life and move very slowly in developing a sense of trust in any other adults. A close cooperative effort between the involved adults will ease the child's transition to a new environment. Unavoidable incidents such as the death of a parent, serious illness of a parent or child, or a divorce may have suddenly placed the young child in a new environment with little opportunity for transition. Previous experiences of a traumatic nature may be expected to influence the child's ability to cope with a new environment. Sensitive adults will allow ample time for the child to adjust.

The child who has had few opportunities to interact or

play with peers may need a longer transition period when the new environment includes peer interaction. In addition to exploring the environment and developing a sense of trust with new adults, the child is expected to deal with establishing peer relations. From the child's point of view, this can appear to be an overwhelming responsibility.

The uniquenesses of the young child are the most valuable assets to adults as they attempt to fulfill their responsibilities to young children. Young children are curious and a new environment has the potential for satisfying curiosity. They have a wide range of interests; therefore, the magic of distraction will turn sobs into giggles in only a few seconds.

A TIME OF CHANGE: THE NEW BABY

Walter Beam

Change makes life interesting. Change makes life challenging. Change makes life demanding. Change makes life unbearable. Change affects us in many different ways and under many different circumstances. Sometimes the circumstances influence how we react to change. The advent of a new baby into a family will result in reactions dependent upon the circumstances involved. The single teenage mother will respond differently to this change than the couple that planned the birth or the couple that is having their seventh child, planned or unplanned.

In this paper four groups, parents, siblings, other relatives, and human services professionals, will be considered in response to the specific changes brought about by the introduction of the new child into the family. (Rossi, 1968)

Parent Adjustment

When should the prospective parents begin preparing for the change brought about by the new child? As soon as possible! For the couple that has very carefully planned their family, this preparation begins prior to conception. For the unmarried female, this may be only after the reality of the situation, the birth of the child, is apparent. Almost everyone else would begin anticipating changes sometime between these two extremes.

Even though one plans, prepares, and anticipates the effects the newborn will have on the family, the actual event may be quite different from what has been anticipated. This is one of the most important principles to remember in preparing for this time of change.

All parents can anticipate changes in at least four different areas of their lives when the new baby arrives. New babies require time; time to feed, time to cloth, time for play. This time has to be provided by some caregiver, usually parents. Time used for activities with the new born is time unavailable for other purposes. Time given to the new baby means time taken away from some prebirth activities.

A second area in which change can be expected is space. A baby will require space for clothes, sleeping, eating, toys, play, etc. This space is made available by decreasing space available for present household members or by increasing the amount of space available (add a room, move to a larger dwelling, etc.). How ever the space needs are met, it means adjustment on the part of the family.

The third adjustment concern for the family with a new baby is money. Babies cost money--lots of money! Children cost lots of money. Financial strain can be extremely damaging to the individual parent or family. If one parent quits work to care for the newborn, the family suffers from loss of income. If the parent continues to be employed, someone else has to be paid to care for the new infant. This financial strain may continue until the child matures and leaves home.

The final area of adjustment might be considered the most complex. It has appeared under several headings (Blood & Blood, 1978; Stinnett & Walters, 1977). Broadly speaking this category could be called personal relationships. Included in this area of adjustment would be the husband-wife relationship, interpersonal relationships in general, and the intrapersonal relationship (privacy).

The husband and wife now must consider the needs of the newborn before they consider their own relationship. The child must be cared for no matter what the condition of the parents. For example, if a parent is ill the newborn must still receive care. The newborn is totally dependent on others for meeting his/her own needs.

The dependency also affects other interpersonal relationships. Social life is often curtailed. There tends to be a decrease in adult companionships often leaving the parents with feelings of isolation, rejection, or frustration.

Some research indicates that exhaustion, loss of sleep, and tiredness are common problems among new mothers (Dyer, 1963). Daily routine is often disrupted leaving parents feeling anxious about events in their everyday lives.

Even though adjustments mentioned seem to be negative there are positive changes that occur. Most parents feel that having a child is well worth the adjustment. Many parents find it exciting to love, nurture, and teach another individual to cope in society. The vast majority of parents rate their marriage as happier after the birth of their baby.

Sibling Adjustment

If the newborn is not the first child for the parents, other adjustments are necessary. Other children will express curiosity, anger, rejection, pleasure, or a number of other emotions.

The younger child usually is quite willing to ask questions about pregnancy, birth, and the newborn. The older child may have the same questions yet be shy about asking them. Curiosity can best be handled with honesty. Questions answered with respect to the child's development will be most appropriate. Sometimes the question is stated nonverbally with a stare or a particular facial expression. Answering these unspoken questions will assist the siblings to adjust to the newborn.

Equally important are the feelings of anger or resentment. The child already in the family may feel like they are being replaced. The newborn is there because they were not good enough or were not wanted. Often simple explanations are not enough to dispel these concerns. However, an active attempt on the part of the parent to respond warmly and lovingly toward the children should be most beneficial.

Actively involving the older children in the care of the newborn could also increase their feelings of self-worth.

Participation of older children in the care of the newborn could have other benefits. Some of the stress parents are feeling could be alleviated by sharing care giving roles. The older children could experience pleasure in their own accomplishments as well as seeing their contribution to the well-being of the family.

Adjustment of Other Relatives

The new baby can create a time of stress for other relatives such as grandparents as well as the immediate family. In the case of grandparents, two extremes are possible.

Becoming a grandparent may not be desirable to some. They may feel they are too young to be a grandparent. In the case of the parents of the teenage unmarried mother, they may consider the newborn a sign of their failure as parents. Either of these positions could result in the rejection of the newborn. Often only the sight of the defenseless, dependent infant will be enough to increase the grandparents' positive feeling about being a grandparent. If rejection and denial continue, the middle generation carries the largest responsibility of moving the grandparents toward acceptance.

Reaction opposite to rejection could also be evident. The grandparents could become over protective or overindulgent and smother the parents and the infant. In this situation the stress is experienced more by the parent than by the grandparent or newborn. Moving out of this situation requires tact but grandparents are usually accepting of an open and honest discussion of the situation.

Relatives also can provide a measure of relief for parents. They often assume the caregiver role on a temporary basis thus allowing parents to spend time in other activities. In general adjustment of other relatives to

the newborn is less stressful than that of the immediate family.

Human Service Professionals

Human service professionals can assist families with whom they come in contact to adjust to this time of change. To be of assistance, first, one must be aware of the expected situation. Awareness that the family is expecting a new baby or that a new baby has arrived sets the stage for any future intervention on the part of the professional.

Often the professional learns of the event from a child or by seeing the expectant mother. The expectant parent is often reluctant to ask for assistance or is unaware of the stress that could be involved in the upcoming event. In this case it will be up to the professional to tactfully raise the awareness of the expectant parents or to provide the atmosphere where unspoken questions can be addressed. Casual comments about the condition of the mother or of the upcoming event are often sufficient to stimulate discussion about the changes to expect in the family when the newborn arrives.

Dealing with the child who is expecting a new brother or sister requires many of the same skills the professional uses daily with children. Questions about the child's understanding are often the perfect starting point. This can be followed by the investigation of his/her feeling about the event. As always the open, honest discussion in language the child can understand is appropriate.

The professional can be one of the most important positive influences on the family at this stage of development. However, the rewards are not direct because families often fail to perceive that they have been helped.

Even though the change associated with arrival of the new baby is universal, adjustment is by no means uneventful. The relationship between difficulty at this time and family problems at later times is unstudied. The seriousness of this time of adjustment in relationship to other

types of problems is relatively unstudied. Nevertheless, as professionals and parents we have a moral obligation to assist families and individuals to develop to their fullest potential.

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"MOMMY WENT AWAY BECAUSE I WAS BAD" WHEN A PARENT IS INSTITUTIONALIZED

Barbara Rosof

For a family member to go to prison or to a hospital is an upsetting and disruptive event for everyone concerned. The disruption affects every area of the family's functioning: financial, social, psychological, and practical. When the family member is also the parent of a preschool-age child, the psychological and practical disruption in the life of that child is immediate, all-pervasive, and profound. When we try to understand the impact of such an event on a preschooler, we must begin by developing an appreciation of his particular and unique way of looking at the situation.

The Child's Experience of the Loss

Several important maturationally-determined differences in how a child thinks and makes sense out of what he sees and hears make the preschooler's view of events very different from an adult's. Some of these differences are described briefly.

1) Dominance of primary-process thought: The preschooler's way of thinking is not based on the kind of logic that adults use. He believes in magic and he believes events take place simply because he wishes they would. He tends to see all events as caused by his wishes, or as the result of other people's feelings about him. For example, if yesterday the child was angry at his mother and wished her dead, and today she is removed from the home, he assumes, and quite whole-heartedly believes, that it was his wish alone that caused her to leave.

2) The child's use and understanding of language: A preschooler's use of language tends to be highly literal and concrete. Idioms and figures of speech are taken at face value. Complicating his use of

language is the fact that the preschooler simply does not have a very large fund of information. Facts and assumptions which adults take for granted may present the most puzzling and frightening problems for the child. One usually carefree four-year-old developed an intense fear of insects shortly after his mother was hospitalized for pneumonia. The connection only became clear when his father learned that the child had overheard him say that his wife had "caught a bug that turned into pneumonia".

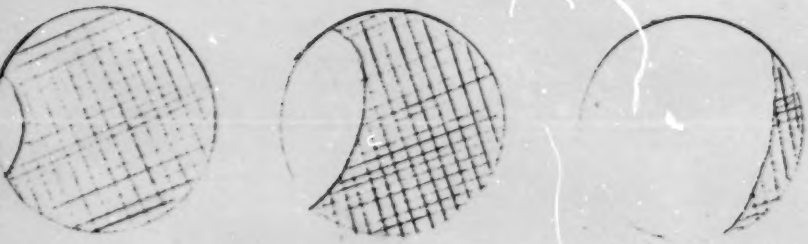
3) Limited capacity for reality-testing. This is closely related to the child's limited fund of information and his tendency towards magic thinking. The child who believes that it is his angry wish that made his mother sick cannot sit down and think things out. He cannot sort out his fears from the facts of the situation, and often he is stuck with his fears.

4) Concrete, here-and-now focus: A preschooler does not think of love in any abstract sense; love is mother and father taking care of him right now, today. The notion that father loves him even though he isn't here carries very little meaning and less comfort.

5) The preschooler's sense of time: His concrete focus is reflected in his efforts to think about time and to anticipate the future. Tomorrow is a long way away, and next week might as well be next year.

These developmental considerations bring us to the heart of the matter: why is the loss of a parent so devastating to a young child? When he loses a parent, even temporarily, the child loses more than a companion and the objects of his love. In ways that do not apply to the older child or the adult the child loses a part of himself and his ability to function. Despite the differences and limitations in their thinking described above, young children usually manage quite well because there are one or more adults who fill in these functions for him. This idea can be presented as a diagram. The whole circle represents the sum of psychological and

cognitive functions necessary for emotional health and well-being. The hatched portion represents the degree to which, at various ages, a person relies on others to provide these functions.



Newborn infant, almost wholly reliant on caregiver.

Preschool-age child. His own capabilities have expanded, but he is still heavily reliant on caregivers.

Healthy adult, for the most part reliant on himself.

The adults, especially the child's primary caregiver, help the child regulate his psychological functioning. They limit the expression of his impulses; they keep an eye on his staying power and intervene before he gets too tired or too upset; they help him find appropriate channels for the expression of his feelings. In short, many of the tension-regulating, self-soothing, and expressive functions which adults perform for themselves, a preschooler must rely on an adult to perform for him. For a child to lose that adult is for him to lose a part, and a very significant part, of his capacity to function. The nearest analogy

that we as adults can imagine is to think of suddenly losing a body part: a hand, or a leg, or our sight. The utter bafflement, the helplessness and outrage that a familiar and reliably available function is no longer available to us would be something akin to the child's experience when he loses a parent.

As adults, we must keep in mind these differences in a child's experience and in his reliance on a parent, because they have important implications for understanding young children's responses to the loss of a parent. For example, an adult can think differentially about the prospect of a loved one's being gone for a month, versus three months, versus six months. For a preschooler, the critical element is the time span during which the child can maintain a clear internal image of the absent parent and his functions. For children under six, this span rarely exceeds a month (although the child will remember the parent for longer, after a month his emotional investment and the parent's importance to him will begin to deteriorate). Once that tolerance has been exceeded, the length of the absence no longer has any meaning. Similarly, matters of distance and definition that are important for adults mean nothing to the child. From his point of view, all he knows is that when the parent left, the bottom dropped out of his life. The effect of the loss will have nothing to do with whether the parent went to jail or to prison, in town or across the state, whether he was guilty or not, whether he was hospitalized for schizophrenia or cancer.

The Nature of the Relationship with the Parent

The impact of the parent loss on the child is related to the nature of the relationship between the child and the absent parent, and not to the reasons for the parent's removal. The most devastating loss would be the loss of the child's principal caretaker: the person who feeds him and puts him to bed, limits him, and mends his hurts, both physical and psychological. Often this is mother. If that role is filled by grandmother or aunt or father, then that is the person whose loss will be most painfully felt. In

assessing the impact of an adult's absence on a child, we must ask not only what kin is that person to the child, but, more significantly, what role does he fill in the child's life.

If the mother is the principal caregiver, and the father departs, we would also be concerned with the effect of that loss upon the preschool child. Two factors will influence this effect: the child's age, because the older a child is, the more important father will have become in his emotional life, and again, the degree to which the father has involved himself with the child. The absence of father (or possibly grandmother, or others) may have a second indirect influence on the child. If that person's absence affects and undermines the mother's psychological balance, the child may suffer from mother's imparied functioning. A mother who depended heavily on her husband for her sense of well-being reacted to his imprisonment with with a severe depression. She stayed in bed, slept excessively, and withdrew emotionally from her three- and five-year-old daughters. They effectively suffered a double loss: the actual loss of their father, and the emotional loss of their mother's involvement with them.

In the weeks or months preceding a parent's removal from the home, his emotional state and/or his physical health may be deteriorating. The result may be that the child is exposed to bizarre, even lifethreatening behavior. When adults think about the impact on a child, they are likely to recall a specific traumatic event: e.g., a drug overdose, a parent intoxicated or hallucinating, inappropriate sexual behavior towards the child, a previously strong parent's physical collapse. Although the child, too, may remember a specific occurrence, a single event is likely to have far less of a damaging impact on him than is the texture of the child's day-to-day life with that parent. For example, a child whose mother is a heroin addict will be much less affected by her occasional withdrawal-induced hallucinations than by the fact that while she is gone in search of money to support her habit, he is alone for long hours each day.

Implications for Caregivers

When he is faced with the loss of a parent, the young child's central and immediate concern is who will take care of him. When the parent he has lost is his primary caregiver, that question takes on a special urgency. For the child's emotional well-being, it must be answered as soon as possible, at best within a day or two. In planning for substitute care, the ideal is consistent care by one person. If a relative is willing and appropriate, this is often the best solution; presumably that person already knows the child, and is familiar to him. As a relative, he/she may well have a heightened concern for the child and his emotional well-being. If such a relative is not available, a neighbor or family friend may fill the bill. The goal is to promote consistency and continuity in the child's life, with a minimum of interruption.

The interim caregiver's principal psychological task is to foster and to maintain the child's attachment to the missing parent. The more nearly the caregiver's procedures and style resembles the parent's, not only in method, but in the way in which he/she helps the child manage his own feelings, the easier it will be for the child to maintain that attachment. The caregiver should work actively to promote the child's attachment, through visits and telephone calls, letters, photographs, encouraging the child to remember and talk about the parent. Each child and his situation will have unique needs and possibilities. Usually the child will offer some clue as to which approaches are most helpful to him. These activities help the child feel more an active participant in the relationship, rather than a passive victim of his circumstances. To the degree that the caregiver can assist the child in maintaining his attachment, he/she will have succeeded in reducing the traumatic impact of the parent's absence.

This approach assumes that despite the cause or the length of the absence, the parent is expected to return or to have some continuing contact with the child. It applies to most instances of medical or psychiatric hospitalization,

imprisonment, divorce, and military assignment. If the separation is brought about by the parent's death, either immediate or impending, the situation changes. The child then requires assistance in the double task of maintaining his investment in the parent and gradually relinquishing it through the process of mourning. This is a more complex and psychologically demanding process, and beyond the scope of the current paper.

Although the role of substitute caretaker often falls to someone in the child's home environment, in some cases it is the day care staff who must fill in for the parent. When this is the case, the day care staff is helped by being informed of the changed situation as soon as possible. If the staff determines that the child's day care stay will indeed be his most stable and continuous experience during the parent's absence, then it is wise to delegate one staff member, presumably the one with the best on-going relationship with the child, to function as the substitute. The task remains the same: to preserve and foster the child's attachment to his absent parent.

Particularly in the first few days after a loss the child's distress is likely to show itself in provocative or destructive, withdrawing or regressed behavior. Although the range of possible behaviors is too wide to address specifically here, in general the child will benefit from a supportive but firm approach, and the stance that the usual expectations and limits still apply. Adults often feel some temptation, out of sympathy for the child, to let him do what he wants, to expect less. In fact, at a time when he feels his world changing in frightening and unpredictable ways, the child needs more than ever the reassurance that familiar rules still hold.

The better the communication between the child's family and day care staff, the more able the staff will be to attune its supportive care to the child's needs at the time of a parent's absence. If a solid communication bridge has been built while life is going smoothly for the family, the odds are high that the family will tell the staff about a traumatic change. Not only need the staff know the facts,

but also what plans have been made for the child, and what they and the child may expect in the future. The investment in building this communication will pay off richly when the child experiences the stress of a parent's absence.

In summary, we may say that for a preschooler the experience of a parent's removal from the home is a devastating and traumatic one. Even the best substitute care cannot undo the impact. Nonetheless, an understanding of how a child thinks and makes sense of his experience, and of how the child relies on his parents can offer a basis for planning the best substitute care.

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DEALING WITH A CHILD'S PREVIOUS HOSPITALIZATION ON RE-ENTRY TO SCHOOL

Jane Engdahl

The books and articles that have been written about the effects of hospitalization on children and their families are legion. In the nursing profession, the emphasis for the last twenty years has been on understandings and interventions that help our young patients and their usually equally young families cope with this disturbance of their normal life patterns. In hospital settings, we have instituted play therapy, doll play, open visiting hours for parents, group sessions for parents to ventilate feelings . . . and a wide variety of other therapies to help families through crisis.

Increasingly, our attention is being directed to helping other professionals who have contact with our young patients as they return to their home communities and schools. Are there ways in which teachers can help in this adjustment back to school? Are there ways to help the child, his siblings, and his parents? The purpose of this article is to explore some avenue of accommodation available to teachers.

Just to recognize that hospitalization is emotionally, and physically stressful, we know that return to peer group activity may become highly stressful under certain circumstances. These circumstances include, but are not limited to: illness that has caused a noticeable change in physical appearance; anxiety about time missed from school; a change in family dynamics due to stress; financial burdens incurred and a child's ambivalence about his illness. The focus of attention may have been so much on the child who was ill that siblings may feel "left out" and/or guilty that they may in some way be responsible for their brother's or sister's illness. These are some of the serious considerations to ponder as the school professional interacts with the child and his family in an educational setting. The crisis of illness is a crisis that affects

not only the youngster but the nuclear and extended family as well.

The return to the school setting of the child who has been hospitalized with a critical illness should be planned carefully. The same planning, consideration, and mutuality of concern that is inherent in preparation for hospitalization should follow when the child returns to school. The hospital team is looking closely at their role and responsibility in this post-hospital planning phase.

What can teachers do to make the child's readjustment to the school milieu as smooth as possible? One of the basic components in this process is to understand the health problem that caused the child's hospitalization. This understanding then forms the basis for helping school personnel as well as peers develop a positive attitude and plan for the child's re-entry to school. A pre-return conference with parent or parents is one way to initiate the dialogue. The school nurse, social worker, and/or other involved professionals might well be included in this conference.

Issues for Conferences

Are there any behavioral changes that the youngster is experiencing as a result of hospitalization? We know that any threat to body integrity produces an intensity of anxiety (true of adults as well as children). We also know that heightened anxiety produces behavioral changes . . . changes exacerbated by controlled hostility, resentment, depression, confrontation between reality and fantasy, separation from loved ones and friends, etc. A regression to infantile patterns of behavior is normally encountered in a child's physical illness, i.e., negativism, separation anxiety, testing of limits, nail biting, picking at the skin, temporary loss of bladder and/or bowel control, etc. It is important to know if any of these or other behavioral changes have been exhibited and/or still exist in the youngster who will be integrated back into the classroom.

If there are changes, how is the parent coping with them? The consistency of the behavioral management between

home (parent) and school (teacher) can directly affect the child's return to his or her own feelings of normalcy and security. The exploration with parents about these behaviors may also serve to reduce parental anxiety which is often manifested in over- or under-protectiveness toward the child. The assessment of parental concern and understanding of that concern should be one of the most positive results of the conference.

Activity Restrictions

Are there any restrictions of activity or prescribed medications for the child that the school should be aware of? If either of these treatment modalities apply, there should be a written statement from the physician that clearly explains the limitations and identifies the medications. Many children who have activity restriction may still participate in physical education classes and recreational programs on a limited basis. Planned and supervised participation should be encouraged since it is another step forward in helping the child return to normalcy. Each step that involves once again becoming a part of the peer group with whom he needs to re-establish a feeling of security is progress! The youngster who is isolated from peer group physical activities may once again revert to self-questioning "Why me?", "What did I do that was so bad that this is happening to me?".

Parents also need to feel secure in the knowledge that the school personnel are aware of the child's special needs and are making accommodations for them. Teachers need to feel secure in knowing what the child's special needs are, and how best to meet them. This collaboration between teacher and parent then becomes therapeutic for the child as, once again, expectations are the same. If a parent has been told by hospital personnel that "return to normal activity" is physically acceptable and the school then restricts activities, the child's "road to recovery" becomes detoured with "road blocks of inconsistencies". This kind of inconsistency is more frequently observed when the child has chronic heart or lung disease.

Physical Changes

Has the child's physical appearance been changed by his illness? For adults or children, any observable change in appearance, that is perceived as less attractive, is a highly anxiety producing occurrence and deters the return to pre-illness societal patterns. Despert (1975) says,

> Young children are, through shear necessity, the epitome of egocentrism. They think of themselves, their needs, the satisfactions and love they receive from their environment, the physical pain or dissappointments they may experience.

If a child's physical appearance has been noticeably altered by illness, what can be done to make his return to school and his peer group be as free of embarrassment and loss of self-esteem as possible? It would seem that preparation of the teacher and the class for the child's altered appearance would be critical. This can be accomplished in several ways: some parents feel comfortable in coming to school and talking to the class about the child's illness and how appearance has changed, i.e., the child with severe burn scars, the child with cancer who has had radiation therapy and hair loss, the child who has had an abnormal gain of body weight due to fluid retention, etc. This sharing helps the child's peer group understand why appearance has changed and may be the beginning of their ability to accept change without morbid curiosity and/or cruel comments.

The parent might also bring snapshots taken at the hospital to further illustrate and alleviate any "shock reaction". This is particularly helpful where the change in appearance is dramatic. It's nice to take a picture of the class at this point and send it back to the hospitalized youngster.

If the parent is unable to come to the class, the pictures could still be used by the teacher or school nurse with parental agreement. The involvement of an older sibling in class preparation is also a possibility to explore with parents. Sensitive preparation of young class members for

the return of the child who has been ill is a positive step in the return to normalcy process. The planning must always be done with the approval of the parents, who can hopefully be active participants.

Many teachers visit the child in the hospital, and this could be the beginning of planning with hospital staff, parents and child. If a hospital visit is not feasible, a home visit made by the teacher during the child's convalescence is often possible. This visit is enhanced if several of the youngster's close friends from the class are included when appropriate.

Planning that embodies perceptive considerations of everyone involved is usually most effective. The most successful re-entries to school of children who have been critically ill don't "just happen." They are usually the result of sensitive concerns of parents, teachers, and hospital personnel who hear "the inner voices of children". They understand that the surface emotions of children do not necessarily correspond to their deeper feelings. They understand that disturbances in learning are a common aftermath of hospitalization. They are sensitive to the child's need to be re-integrated and, at the same time, his need to cling to the security of his family.

The child's perception was described by Jean-Paul Sartre (Despert)

> . . . . . .Far from wanting to shine, I laughed in chorus with the others, I repeated their catchwords . . . phrases, I kept quiet, I obeyed, I imitated my neighbor's gestures, I had only one desire: to be integrated.

The ambivalence of many children toward illness is understandable . . . many adults are ambivalent for the same reasons. While hospitalization usually involves pain, discomfort, unpleasant tests, poking into body orifices, activity restriction, separation from loved ones, etc., there is a realm of compensation. The helplessness which is frequently

a result of illness may bring a greater than usual show of love, attention, and affection from loved ones. Our recognition of the fact that these feelings exist helps sharpen our perceptiveness to the needs of children and families.

As hospital and schools reach out to each other . . . as professionals share in their concerns and planning . . . as the family becomes an integral unit in the planning process . . . as all these things happen our children will experience more security in the smoothness of transition from hospital . . . to home . . . to school.

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THE ABUSED OR NEGLECTED CHILD: HOW CAN I HELP?

Bea Overton

This year in the United States one million children will be abused; five thousand will die needlessly. Countless numbers will be scarred for life--physically, emotionally, materially, and through demoralizing circumstances. Child abuse, by medical standards, far exceed epidemic proportion.

What is Child Abuse?

The National Committee for Prevention of Child Abuse (1976) defined child abuse as any physical injury or other injury received by a child as a result of cruel or inhumane treatment, or as a result of malicious act or acts by any parent or other person who has the permanent or temporary care for supervision of a minor child; and any sexual abuse of a child, whether physical injuries are sustained or not.

Physical Abuse

Physical abuse includes physical harm, sexual abuse, exploitation (excessive responsibilities placed on the young), malnourishment, suffering from chronic illness and lacking essential medical care, failure to attend school regularly, failure to receive proper hygiene, failure to receive necessary immunizations, failure to receive necessary prosthetics as eyeglasses, hearing aids, etc. It also includes abandonment and being left alone for several hours.

Emotional Abuse

Emotional abuse includes denial of normal experiences that produce feelings of being loved, wanted, secure, and worthy; being rejected through indifference or overt rejection - shouted at; being left alone; being blamed for problems beyond the child's responsibility. Visible symptoms of emotional abuse may be manifested by hyperactivity, withdrawal, overeating, fire setting, psychosomatic complaints,

failure to thrive, aggressiveness, stuttering, nervous skin disorders, suicide attempts, and over-protection.

Material Abuse

Material abuse includes insufficient clothing which fails to keep the child warm at home, school, and play; improper clothing or dirty, ragged clothing; filty living conditions; inadequate shelter; and inadequate food.

Demoralizing Circumstances

Demoralizing circumstances that may produce abuse include continuous friction in the home, mentally-ill parents, marital discord, excessive drinking, addiction to drugs, immature parents, criminal environment, harsh and improper language, values in the home in conflict with society, failure to individualize children and their needs, failure to give good adult example, and failure to offer motivation and stimulation in keeping with the child's ability and intelligence.

Child abuse is not usually a single physical attack or a single act of deprivation or molestation. Child abuse is usually a pattern of behavior. Its effects are cumulative: the longer it continues, the more serious it becomes and the more serious the child's injuries.

Who Are the Abusers?

They are not creatures from an Edgar Allen Poe novel, but rather very ordinary people caught up in a life beyond their limit of control. Their coping threshold is extremely low. They neither deal well with daily stress, nor possess usual parenting skills. The abusive parent doesn't enjoy hurting children. As Jack Eicholz (1979) put it,

> Most parents want life's positives for their child: inner confidence, a sense of purpose and involvement, constructive relationships with others, success at school and in work, and happiness. Yet many parents through their own negative attitudes set up roadblocks and detours to these desirable goals.

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Many parents simply do not possess the skills to deal with children in a mature, constructive manner. The same parent who abuses his child usually feels guilt and self-helplessness for his actions. Child abuse does not occur in a vacuum. It relates more specifically to inter- and intrapersonal behavior patterns which can be triggered or exacerbated by external stress on a family. Child abuse is an affliction which transgresses all racial, cultural, economic, and social strata.

What Causes Child Abuse?

There are many theories about the causes of child abuse. Kempe & Helfer (1972) theorized that lack of mothering imprint or failure of a parent to bond with the child at birth may cause child abuse. Merrill (unk.) divides abusive parents into three categories based on psychological characteristics: chronically hostile/aggressive; rigid/compulsive parents; passive/dependent parents. The Blairs (1976) emphasize family structure as related to alliances, coalitions, enmeshments, and disengagements among the family members . . . the pecking order, or how they combine forces against one another. Gelles (1978) believes that frustration and stress, combined with other contributing factors such as the influence of social class and community, and the effects of socialization experiences provide the basis for parents acting as role models for violence. Gil (1969) is a leading exponent of the environmental stress theory and sees child abuse as a multidimensional problem with heavy emphasis on stress as a causitive factor.

Educators Can Help

Whatever the cause, according to the Education Commission of the States (1976), American education is potentially a major resource for helping abused children and their families; however, this potential has rarely been tapped and, as yet, has never been fully utilized. Who is in a better position than a qualified teacher to observe physical characteristics and growth patterns, socialization

skills and behavior, cognitive/development, language development, motor skill development, interaction patterns with parents, family, or peers? Because of their close daily involvement with children in a setting that allows observed comparison between children, teachers are in a unique position to identify, report, and offer direct assistance to maltreated children and their families. Preschools, kindergartens, and elementary schools play a major role in children's social, emotional, and educational growth. In addition, they routinely appraise children for defective vision, impaired hearing, and other physical, mental, and emotional problems which they relate to the family and health and welfare agencies. No other social resource touches the lives of all families with children in so many ways for so many years.

Protecting a child from abuse or neglect involves three steps: (1) identification; (2) investigation; and (3) intervention. Next to the family, educators have the greatest access and the greatest opportunity to identify children in danger before they are severely injured. Where the family fails to protect or itself threatens the child's welfare, schools can and often do play an invaluable role in saving and/or salvaging children's lives.

What Do I Look for?

In the area of identification of child abuse, teacher and school personnel are laymen, untrained in social work technique or medical diagnoses. The clues an educator should look for when considering child abuse and neglect are simple. One sign alone may not necessarily indicate abuse and neglect are simple. One sign alone may not necessarily indicate abuse, but several should alert a teacher to possible problems. According to Brian Fraser (1976), one should suspect abuse if a child:

is habitually away from school and constantly late;

arrives at school very early and leaves very late because he does not want to go home;

is compliant, shy, withdrawn, passive, and uncommunicative;

is nervous, hyperactive, aggressive, disruptive, or destructive;

has an unexplained injury - a patch of hair missing, a burn, a limp, or bruises;

has an inordinate number of "explained" injuries such as bruises on his arms and legs over a period of time;

exhibits an injury that is not adequately explained;

complains about numerous beatings;

complains about the mother's boyfriend "doing things" when the mother is not at home;

goes to the bathroom with difficulty;

is inadequately dressed for inclement weather with, for example, only a sweater in winter for outer wear;

wears a long-sleeved blouse or shirt during the summer months to cover bruises on the arms;

has clothing that is soiled, tattered, or too small;

is dirty and smells or has bad teeth, hair falling out, or lice;

is thin, emaciated, and constantly tired, showing evidence of malnutrition and dehydration;

is unusually fearful of other children and adults; or

has been given inappropriate food, drink, or drugs.

Educators should also suspect child abuse if the parents:

show little concern for their child's problems;

do not respond to the teacher's inquiries and are never present for the teacher's visits or for parents' nights;

take an unusual amount of time to seek health care for the child;

do not adequately explain an injury;

give different explanations for the same injury;

continue to complain about irrelevant problems unrelated to the injury;

suggest that the cause of an injury can be attributed to a third party;

are reluctant to share information about the child;

respond inappropriately to the seriousness of the problem;

cannot be found;

are using alcohol drugs;

have no friends, neighbors, or relatives to turn to in crises;

have unrealistic expectations for the child;

are very strict disciplinarians;

were themselves abused, neglected, or deprived as children;

have taken the child to different doctors, clinics, or hospitals for past injuries;

show signs of loss of control or a fear of losing control; or are unusually antagonistic and hostile when talking about the child's health problems.

Such clues can assist the educator in making an informed decision about reporting. It must be remembered, educators are not expected to make a unilateral investigation, but only to report suspected abuse to the Department of Public Welfare - Child Protective Services Division, or the nearest police agency. Because Americans respect the privacy of the home, a "don't get involved" attitude has been adapted which sent many a child to an early grave. Protecting the life of a child is not "meddling."

What Happens When a Case is Reported?

In most states either the Department of Public Welfare-Child Protective Services or the police agency will investigate a child abuse report within 24-hours. First, an assessment is made to determine the immediate danger to the child and to determine if there is need for protective custody. Next, a determination will be made whether abuse or neglect is actually occurring. An investigator with special training in the area will determine the appropriate response to the situation. The investigator will make known to the family the availability of social services for both the child and/or the family. In the event abuse is "founded" the perpetrator will be identified. The legal rights of the suspect(s) must be observed. Again, a thorough investigation will be conducted for all future actions may hinge on it. The focus will be on the child's entire life and the relationships in the family. When evidence of abuse is established, a licensed physician generally will examine the child and record each identifiable injury according to its type, location, extent, severity, and age.

In reporting a suspected case of child abuse or neglect, it should be remembered that such action is not punitive. It is important to get help for a troubled child and his family. The goal is to reverse a pattern that jeopardizes a child's healthy growth and development. The investigation determines whether there is reason to believe the child has

been abused or neglected, and determine what action must be taken to protect the child. "Investigation is the bridge between suspicion and resolution of the problem."* Intervention may be accomplished either through voluntary or involuntary treatment.

Not all child abuse or neglect cases warrant criminal prosecution. Fining or imprisonment of a guilty parent may cause more hardship for the abused child than if social services, education, or mental health intervention are made with a "voluntary probation" program as described in the Juvenile Code (IC 31-6-4-17), effective October 1, 1979. Such a program focuses on service needs of the child involved. The new Juvenile Code also allows for "Notice of Problem" which involves by registered mail or hand delivery a notice to the offending party that the prosecutor's office is aware of probable criminal conduct or problem. This is a step toward documenting episodes of abuse and/or neglect. Under both Indiana law and the proposed American Bar Association standards, the court should view the family relationship, the extent of the harm, the type of harm, and the availability of alternatives to termination of parental rights. For parental rights to be terminated, most parents have displayed a protracted history of neglect, and probability of future neglect; therefore, removal of the child appears to be in his best interest. Only about 5 percent of the child abuse and neglect cases fall into this category. There is great concern on the part of the courts to protect and insure family autonomy and privacy.

What Happens If I Report a Case, and There is No Abuse Nor Neglect Found?

As long as the report was made in "good faith," the reporting party is immune from civil liability and criminal penalty if no abuse or neglect is found.

According to Stanley Coopersmith, (1967) self-esteem comes from the quality of the relationship that exists

*author unknown

between the child and those who play a significant role in his life. A youngster seldom sees himself directly, but rather from the reflection of those close to him - his parents, his teachers, and his peers. Though many psychological studies tell us that by age five a child has formed a fairly definite impression about himself as a person, research by Dr. Michael Rutter (1979), a child psychiatrist from the Institute of Psychiatry, London, finds that it is never too late to intervene, either with a child or his parents. Role modeling in the classroom is extremely important for the teacher-student relationship may have lasting effects as a positive adult-child relationship. Those who show honest respect for children, who treat them with dignity, help them with problems, show appreciation for their successes, present an example of adult behavior that the child may internalize and repeat with his own future family.

As an educator, you are integrally involved in the identification of abused or neglected children. If you are to have a choice, you may choose not to get involved. However, by Indiana state law, you are mandated to report all suspected cases of child abuse and neglect and failure to report can theoretically result in legal action being taken against you.

To protect or salvage the life of a child requires identification, investigation, and intervention. There can be neither investigation nor intervention until there is identification. Educators are not expected to be physicians, psychiatrists, psychologists, lawyers, nurses, or social workers. But, it is your legal responsibility and moral obligation to report suspected cases of child abuse and neglect. Other professionals are ready and willing to pick up investigation and intervention. You have the responsibility and opportunity to set the protective process in motion . . . and you may well be the first or last person with an opportunity to help the abused or neglected child.

For Further Information

Information relative to specific information needed by educators is available in Education Policies and Practices Regarding Child Abuse and Neglect, Education Comm. Report No. 85, Denver, 1976.

Recommendations from professionals in the field of child protection offered as guidelines are available from The Teacher and The School, Roles and Responsibilities of Professionals Child Abuse and Neglect: Problem vs Its Management, Dept. FEW Publication (DHD) 75-30074.

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UTILIZING COMMUNITY RESOURCES FOR TROUBLED FAMILIES

Edythe Richardson

Where can families go for help when there is crisis? Many communities have published long lists of agencies, both public and private, enumerating a sometimes bewildering array of names or organizations. These may contain a description of the services which they give. Few community lists or directories include any criteria for eligibility or referral criteria.

Residents of some communities, usually small towns or rural areas, insist they have no services to meet the needs of families. All families have problems, some based on the high mobility of families today. With the many changes which accompany this mobility, the children in families are the least prepared to understand or to cope with crisis. When the stress experienced from problems is greater than the ability to solve them or handle the emotional response appropriately, a state of crisis results.

Stress can be generated from two sources - external or environmental and internal or inner-personal or physical. When the internal resources of a family member are exhausted some external resources must be utilized if the family unity is to remain intact and healthy. Often the use of the words, resources and social agencies, become synonymous in thinking.

In the past the primary sources of help have been the extended family members and the neighbors. However, if the source of the stress is in the extended family or the mobile family and there is no sense of neighborhood identity or friends, where does the family turn for help?

Some sources of help in the community that have seen time honored usage are the school, the church, and the doctor or hospital. In some areas and in some cultures these remain the primary resources for families. As urban areas have grown with social distance increasing and relationships

more fragile and complex, families may become alienated from primary resources. Help may be non-existent in their perception. A large number of public and private agencies, services and associations have been organized around problem reas which supplement or surplant the resources formerly available. As a result some families in trouble can be relating to one or many agencies at the same time.

Educators Can Help

The educator in any setting sees daily a number of behavioral symptoms which indicate problem situations existing in the child and in the family. If the focus is on the whole child, the problems of the whole family must be addressed to provide help for the troubled child. Where to turn, how to involve the family in recognizing an existing problem, and utilizing family and community resources become dilemmas.

The absence of resources or the presence of too many agencies which do not adequately address the problem can be equally frustrating. A day care center director recently spoke of the confusion of using an information and referral guide to contact agencies only to be told to contact another agency who in turn suggested another resource.

Solutions which may provide a partial answer include the following:

1. Know your community and the resources which are available.

2. Become acquainted with a staff person who can become a contact person and interpret the services available to you and the family.

3. Have some knowledge of the problem. If you do not have the necessary assessment skills, make the referral to an agency who has qualified personnel to make a problem assessment.

4. Become selective in the large urban area with multiple agencies.

5. Utilize what is available in small towns and rural areas. Assist in the development of services where there are few agencies.

Selecting an Agency

Agencies can be categorized in a number of ways; as a funding source, a sponsoring source, by the nature of the service given, by the age group, or by the problem area. There are public agencies, private agencies, voluntary agencies and association.

Public Agencies

Public agencies are those which are tax supported and are available to all at no fee or a minimum fee: Public Health, Mental Health, Public Welfare, Children and Family Services, Public Education System, Legal and Court System, Public Medical resources including state and national hospital facilities, Public Rehabilitation services, Public Employment services, state and local homes. Such agencies represent a few examples of resources supported by federal, state, or local tax monies.

Private Agencies

Private agencies are those founded with private funds such as foundations, trusts, corporate, or organizational resources. Most communities have a United Way or other community based funding source. Most of these agencies charge a fee for service, and offer specialized services in an area of practice. Counseling services are available in private agencies such as Family Service, Children's Society, Youth Service Bureau, group homes, private clinics, church social service units, and community centers.

Voluntary Agencies

Voluntary agencies and associations are numerous and offer a wide variety of services usually based around a specific interest or problem. While special programs are offered, the focus many times is education, information,

research, and coordination. Many of the voluntary organizations and associations are national in scope and have chapters or branches in both large and small communities. Each chapter or branch includes representation from local programs; civic, church, and social groups; or concerned and interested individuals. This fusion of volunteers forms a community-wide or state-wide network to communicate, to cooperate, and to coordinate their resources to alleviate or to provide help with a particular problem. Examples include national, state, and county Mental Health Associations. These may offer suicide and crisis telephone hot line service, provide group homes or halfway houses for patients leaving hospitals, and provide a patient program to support "forgotten" people with no family or friends. Associations may train professionals and paraprofessionals to work with or in behalf of persons with mental illness or emotional problems.

Organizations and Associations

Social, civic, and service organizations provide special assistance and emergency assistance in as many ways. Associations such as Junior League, service clubs, church community services, offer help to many people. In a large urban area the number of service agencies available may seem overwhelming. Some barriers often exist such as eligibility standards or a fee for service.

Public agencies or those agencies supported by tax monies are usually more universally available and at no cost or on a sliding scale fee system based on income. There exists some feeling of stigma of "welfare" to families who consider tax supported services as ones which are only for "the poor".

Public health departments usually have had wider community acceptance in both large and small communities. Numerous health departments assess both physical and mental health problems in the community. Significant problems in family life can be assessed daily. Competent nurses, physicians, and social workers provide counseling services at no cost to the patient or make referrals to other agencies

capable of providing specialized services.

Other public services provide financial help. Most states have children and families services departments, as well as county departments to provide aid to dependent children: Food Stamps, Child Welfare Services, Adoptive Services, Protective Services, job training, and day care services. Although families must be income eligible to receive benefits, many single-parent families do not receive the help for which they are eligible.

Community mental health centers have shown a rapid growth rate in the past few years. Through federal funding, the preventive and community education components have been developed and have resulted in wider acceptance of mental health centers. Treatment for emotional problems or mental illness is available on a crisis intervention basis for both short-term and long-term care. Some community mental health centers are associated with hospitals to provide in-patient care, but most of the persons are served on an out-patient basis. Individual and group counseling provide help.

The work of private agencies in the United States has been recognized worldwide. Added to the familiar long standing volunteer groups, such as the American Red Cross, the Family Service Associations, the Child Health Societies, the Salvation Army, YWCA, YMCA, and many others are a large number of organizations offering assistance with specific needs. These are most numerous in the health or illness field where associations or societies for nearly every major physical illness or disability can be found. Those which are national or international have a number of chapters in or near each community, such organizations may reflect interest in the following: cancer, heart problems, diabetes, deafness, blindness, cystic fibrosis, retardation, epilepsy, sickle cell anemia.

The increasing number of single parents or parents in the process of becoming a single-parent account for a disproportionate number of crises and need a variety of services. The Woman's Movement resulted in a growing number of agencies focused on the concerns of women and their

changing roles. From abortion clinics to assertive training, from job preparation to consciousness raising groups, the estimated 13 million single women with children seek support for problems in the course of changing lives.

Legal services and legal protection once considered a middle-class luxury are now becoming a part of daily life for many persons. Divorces, child support, custody, suits of all kinds, property management, and contracts are some of the issues which demand the services of lawyers. For those unable to afford rising legal costs, a number of agencies such as Legal Service Organizations, Legal Aid Societies, and Legal Services Clinics are available to assist those who need their services. The legal problems and needs of each local community determine what and how these organizations function.

Sources for Counseling

Those persons disenchanted with traditional helping agencies or finding counseling fees out of their income range are contributing to the increase in self help groups. Perhaps, the best known is the Alcoholics Anonymous program which is with Ala non and Ala Teen for alcoholics and their families. We now have Parents Anonymous, Overeaters Anonymous, Foster Parents, and Sudden Infant Death Syndrome (S.I.D.S.), and others giving mutual support and help with problem situations.

Most urban churches have established social or community services units to meet needs beyond the spiritual counseling. The effort being made by the clergy to obtain more training in counseling techniques and to become more aware of the community networks of services available is encouraging.

It is apparent that small communities and rural areas are removed from the concentration of agencies, associations, and service resources. Some of the same resources are now available to rural areas especially those governmental agencies financed by federal funds.

Although a single nurse may be all the staff available, most communities have public health services. Most of the families may be known to public health personnel and the relationship may be valuable if a positive image exists. The public health nurse has access to many homes, has good assessment skills, and knows the community and family resources to provide necessary help.

The local equivalent of a welfare caseworker becomes the resource when income is needed for subsistence. Most states have laws concerning child abuse and neglect and designate the caseworker and/or the law enforcement agency to be the child protection unit. Community cooperation between agencies serving children becomes imperative for the safety of children. Community groups for protective services to children should include the school personnel. Procedures for identifying, reporting, and referring children at risk are developed and shared by community agencies. Community mental health centers are becoming more numerous and may serve several counties.

If previously mentioned services do not exist in local communities, some traditional resources may be helpful. Neighbors, extended families and relatives, churches, doctors, lawyers, parent organizations, service clubs all can provide support to the troubled family. It is important for the family to feel they are not isolated or alone. The attitude of each contact person is important in communicating with the family about their needs. Atmosphere and climate in which help is sought and given is often the key to enable families to seek out help.

If your community does not offer adequate services, enlist others in an effort to develop additional resources. Most of the volunteer agencies, societies, and associations around specific problem areas are national organizations. A chapter or branch may be located in a nearby area which can serve your community or an organization will assist in organizing local groups. The self-help groups are seeking to expand their service. Contact the national organizations for information concerning services in your area.

Utilization of Services

Knowledge of what the community offers in the way of resources provides both an opportunity to increase your resources for help and a referral source for the families of children. Most parents love their children and value their education. The school and preschool have and continue to be looked to by parents as a source of help. Some school systems have included in their staff other helping professionals such as guidance counselors, nurses, social workers, psychologists, and consultants who are prepared and available to offer help to troubled families.

If help is not available to families as part of the school system, most communities offer some type of professional service through agencies which are accessible and appropriate for families in trouble. It is not enough to know of the existence of agencies by name or even by telephone number. It is necessary for schools to include an awareness of services which are provided and also to cultivate a contact person who will assist in involving the family.

The knowledge of available resources is valuable, but not enough. Some positive identification of problems that exist is necessary to determine what resources are appropriate and available. This is difficult when the behavior symptom of the child is the only indicator seen. Some degree of understanding of the home environment and some access to the family members must be gained to give needed help.

Young children openly communicate their reaction to events in their lives. Sometimes they communicate verbally and in direct conversation or by action in play situations or by the use of art media. Nonverbal reactions are discovered in acting out behavior of many kinds. There is some reason for a behavior. Behavior in the child affects the family and behavior in the family affects the child.

The educator can gain knowledge of local resources, seek contacts with staff of agencies who provide help,

obtain increased knowledge and skill in problem identification, and become an active participant in encouraging new resources to be developed. The most important factor of all in utilizing resources is to develop a positive relationship with the child and his family which will permit acceptance of you as a person who can help. The existence of a community agency does not mean that a family will necessarily seek help. The professional who is accepting, knowledgeable, and willing to take time to make a referral will contribute to the stability of the children and the family coping with crisis.

RESOURCES FOR HELPING CHILDREN COPE IN TIMES OF STRESS*

Ruth J. Gillis

While children's literature of the past has touched on children's problems, it has not been until recent years that many children's books have been published which help children cope with the stresses in their environment and in their personal lives. They range in subject matter from books dealing with feelings of anger and frustration in interpersonal relationships with other children to jealousy of siblings, and from the problems stemming from divorce or separation in the immediate family to the trauma of hospitalization or moving to a new home or school.

In addition to the growing number of children's books, professional publications are appearing to help the parent, the teacher, the social worker and/or other concerned adults. The role of these materials in bibliotherapy (Dreyer, 1977) can be useful in helping children to solve emotional problems and to grow in self-knowledge. Children experiencing the loss of a grandparent, for instance, may feel comforted after having a pertinent story read to them. The stance in Baskin (1977) is that honest objective depictions of handicapped people will help eliminate rejection by society, particularly for the young. When Children Move from School to School, prepared by the Association for Childhood Education International (1972), deals with ways in which adults can help young people with their fears in moving: fear of failure in their school work, fear of inability to make new friends, and the fear of being perceived as different by their peers. Fassler (1978) has written a bibliographic essay containing references for 101 specific stress-producing situations, including a parent in prison. Berstein (1977) has a narrower scope, treating only the subjects of

*Editors' Note: It is the responsibility of the reader to investigate the appropriateness of books before using with young children.

separation and death, and also provides a succinct statement regarding the need for bibliotherapy and the value of bibliotherapy in times of stress. Altshuler (1976) in writing of books that help children with a hospital experience, presents a detailed description of children's books as they treat technical experiences, such as a barium swallow, abdominal palpitation, and a tonsillectomy. Gillis (1978) presents an annotated bibliography of 261 titles which are indexed and cross-indexed in seven broad categories with 85 subject headings.

Change in the Lives of Children

Looking at changing situations in children's lives, both death and divorce produce intense feelings in children. In children's books, there are outstanding examples on the subjects of death and divorce. Traditionally the books on death have dealt with animals and pets, such as The Tenth Good Thing About Barney by Viorst (1973), in which an ingenious mother suggests to her son that he try to think of ten good things about Barney, their cat, that they could talk about at its funeral. However, a sensitive book such as Magic Moth (Lee, 1972) tells the story of a young girl who dies at home in the loving atmosphere of her family. In Nonna (Bartoli, 1975), the loss of a grandmother is marked by baking Nonna's cookies, as the mother helps her family cope by calling forth memories of the grandmother's cooking, both on the day of the funeral and six months later at Christmas time.

Where is Daddy? (Goff, 1969), in a classic story of divorce, documents the pain that a preschooler feels when parents quarrel, the guilt she feels that her misbehavior might have caused the divorce, and finally, the fears that her mother might also abandon her. Emily and the Klunky Baby and the Next Door Dog (Lexau, 1972) is an example of a young child feeling neglected one afternoon as her mother works on her income taxes alone, without her husband's help. The child tries to run away to her father's apartment because she feels she will be more welcome there.

Absent fathers as a theme appears in Me Day (Lexau,

1971), a poignant story about a young inner-city black boy who waits for a birthday message from his father. Rafer's day is made perfect when his father appears and they spend the entire day together in the park, enjoying ice cream and hot dogs. My Dad Lives in a Downtown Hotel (Mann, 1973), graphically points out the feeling of abandonment his son experiences as the dad is shown carrying the television set out of the house. Stanek's I won't Go Without a Father (1972) is a dramatic statement by a boy who feels he will be known as a mama's boy if he goes to the open house at school with his mother. His feelings are altered when he realizes that other children also face this situation: one boy's father works nights and one child brings two sets of parents, but no one pays any attention.

Not all children feel displaced when a new child arrives in the family, but in the instances where there are intense feelings, it sometimes helps to get perspective on the situation. In a filmstrip/cassette That New Baby (Eyegate, 1976), an older sister tries sucking on the baby's bottle out of a sense of frustration. Books which treat the subject of jealousy over the new baby in the family generally do so in a sympathetic manner. Notable for its outspoken protagonist, She Come Bringing Me That New Baby Girl (Greenfield, 1974) resolves the problem when mother tells the story of when she was a new baby and her brother cared for her. At the end of the story Kevin feels satisfied to share his mother's arms with the baby.

Positive suggestions on how to view the new baby through the child's eyes help ease the trauma of a new baby in the household in That New Baby (Stein, 1974). Charles and Melissa, who are about four and seven, respectively, are shown anticipating the baby's birth by feeling mother's abdomen.

Intense Feelings in Children

Universal are the feelings of anger and frustration which crop up in the abrasive contacts of daily life, and books depicting these situations help in two ways. They sometimes show how another person handles the problem, and at other

times their virtue is to show the child that someone else also has the same problem. Zolotow has written a number of books dealing with feelings of anger and incidents of quarreling. The Hating Book (1969) and The Quarreling Book (1963) both acknowledge the feelings openly, and this is perhaps the trend of the newer publications. In the latter book, the grayness of a rainy day sets the tone for crankiness, teasing, and hurt feelings. It takes the dog in the family, who isn't affected by the depressive day, to sweeten everyone's spirits, and the book is a lesson in the contagiousness of feelings, both good and bad.

A classic recital of the vengeful jealousy seething inside a little boy who is not quite six years old is Viorst's I'll Fix Anthony (1969). The older brother, who is selfish, privileged, and rather horrid, announces that he is going to clobber young brother, and the younger child says, "I'll fix Anthony" (when I'm six).

Knowledge Eases Fears of Hospitals

Professionals and parents who are concerned with children's fears regarding hospitalization may consult the Altshuler volume to select many good books to allay these fears. Some books about illness and hospitalization take the forthright stance of factual presentation, e.g., examining the items in a dentist's office, or looking closely at the X-ray machine in a hospital, the rationale being that to desensitize a fear is one step toward conquering it. Rockwell's two books in this vein, My Doctor (1973) and My Dentist (1975), are models of accuracy and restraint which, when coupled with the calm non-threatening atmospher in the offices, provide an excellent resource. The Stein book, A Hospital Story (1974), provides another dimension in that on each page there appears a section for the parent or adult to read, as well as text to read to the child.

Jeff's Hospital Book (Sobol, 1975) made use of physicians from two major medical institutions as consultants for this helpful, accurate book which describes a young boy's surgery to correct crossed eyes. Shay (1969) uses Karen's shiny,

smiling face on the colorful cover to set the tone for a non-threatening experience in the hospital for any child reader. Karen's tearful apprehensiveness will be understood by young children, as will her fear of the X-ray machine.

The theme of sibling rivalry is pursued as well in Wolde's Betsy and the Chicken Pox (1976), as Betsy's baby brother receives all of the parental attention. Particularly useful in this book is the accurate detail in the illustrations: Daddy takes the baby's temperature with a rectal thermometer, and a no -nonsense woman doctor provides a non-sexist look at sex roles.

Complementing the wide range of books on this topic is a set of filmstrips with cassettes (Fyegate, 1972), Going to the Doctor, Dentist, and Hospital, useful to see children having some stitches and getting a cast.

New Environments Bring Change

New environments for children are often fraught with trauma, and many children's books provide excellent ways to forestall these feelings by intelligently preparing in advance for the new situation. In M is for Moving (Illsley, 1966) the bustling routine of packing is made exciting with upbeat colors of orange and yellow, providing a reassuring look at the process of moving. Young children are shown on every page emptying drawers and packing boxes and, at the end, they look on the map to see where the new house is located.

Hickman's I'm Moving (1974), a large, colorful picture book, takes the moving process on the road and into the new home. A positive feeling about moving is projected in the illustrations, which show the little boy in his new room and a view out his window.

New Neighbors (Prather, 1975) tells the story of Ricky who moves to a new, unfriendly suburban neighborhood and tries to make friends by selling some toys he finds in the new house. This draws the other black children into his yard, and eventually he overcomes the difficulty of finding new friends.

Many children are fearful of the new school situation, especially preschoolers who can be very apprehensive about going to nursery school. Shawn Goes to School (Breinburg, 1973) portrays Shawn's howling face as he reacts negatively to school. By the end of the book, however, Shawn and the reader have entered into the colorful, intriguing world of a happy nursery school setting.

The setting for Will I Have a Friend? (Cohen, 1967) is the first day of kindergarten for Jim, who doesn't feel included. After rest time, when Paul shows him his tiny truck, things get better.

The Very Worst Thing (Amoss, 1972) centers on the theme of the first day of school, when Tom blunders into the girls' rest room by mistake, and is elected sanitation chief. Various other indignities are endured, but the humorous approach to a trying situation helps alleviate Tom's troubles. Children who identify with Tom are likely to feel some solace.

The new school situation which involves a new teacher is present in Cohen's New Teacher (1972). A parent might use this book, or a classroom teacher, wishing to prepare her class, might also find it useful. In it, realistic playground dialogue is reproduced, as Jim makes some uncomplimentary remarks about the new teacher. All of the children are reassured when they see her, however: Yes, she is big, and yes, she shouts, but only to say, "Hi, everybody, I'm glad to see you."

Dealing with Differences

Stories about exceptional children have not been numerous in print until the early seventies, but a number of excellent books are now to be found. Their usefulness extends to providing information for the child's peers, as well as support for his or her own view of life. Howie Helps Himself (Fassler, 1975) is a book which demonstrates the effort Howie makes to push his wheelchair, and will help others in wheelchairs as well as normal children.

The blind child who tells the story of his developing

self-awareness perceives his world as being smooth or rough, of sounds soft and loud, and of colors imagined. In Sound of Sunshine, Sound of Rain, Heide (1970) creates a story of understanding the growing independence in this small dependent child.

He's My Brother (Lasker, 1974) is a perceptive story of the "invisible handicap", as the author calls it, in children who have learning difficulties. The first half of the book shows, with realistic pictures, the trials of such a child being shunned in games and the problems that teachers and parents face. It is a helpful, positive book which shows a child, if not living comfortably with his peers, at least integrated into normal family life.

Dr. Brown refers to the hearing aid which Angela wears as a "magic button" in Litchfield's A Button in Her Ear (1976). Angela wears the hearing aid visibly, and proudly, carrying a backpack type harness which holds her batteries. In the end the jaunty harness becomes a status symbol, a positive addition to her life. Handsome illustrations showing Angela to be an active girl in blue jeans and pony tail make this a landmark book on a subject not previously dealt with for this age group.

About Handicaps, another in a series of outstanding books about children's problems by Stein (1974), is illustrated with lively photographs which attempt to bring out into the open a child's feelings about handicapped people. A significant inclusion is a picture and explanation of a man with an artificial arm which has a hook.

Child abuse is not a common theme in books for young children. But in Boy Wanted, Fenisong (1964) tells the story of a ten-year-old boy who is orphaned and lives with Aunt and Uncle in the Bahamas. He is beaten, not allowed to to to school, and is forced to carry packages for tourists. Ron's troubles are resolved when he runs away, is befriended by a kind man, and makes a new start in life.

Family Change Brings Change

What is fairly common today is the fact of the working mother. In a recent motion picture (Coronet, 1978), two children learn that when their mother returns to school it takes a lot of working together for the everyday things to get done at home.

In the same vein is The Terrible Thing That Happened at Our House (Blaine, 1975). Accustomed to coming home for lunch, the little girl who eats in the school lunchroom is appalled at the contrast; the family finally adjusts and some valuable lessons in cooperation are learned.

While there are hundreds of titles already in print on the topics relating to crises in children's lives, and they range from the uses of alcohol by parents to the stresses of overweight children, what is likely to be the trend is that there will be even more materials to help persons in the field of education in their search for ways to help young children grow and mature.

The prospect of finding materials which will help classroom teachers, as well as educators in institutions of higher education, remains bright. The field of children's literature is a rich hunting ground for the professional and the parent, and the resources found in the bibliographies can provide answers to problems and responses for many situations.

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GIFTEDNESS: A MIXED BLESSING FOR THE PRESCHOOL CHILD

John F. Feldhusen and Margaret B. Kolloff

The gifted child can be a source of joy and stimulation. The unbridled enthusiasm, the drive to know and master the surrounding world which characterizes many gifted children can inspire ventures in all directions, providing vicarious delight for those around them.

Many gifted preschool children are first recognized by their parents or relatives who see exceptional behavior in the child in comparison with other children of the same age. Others are first identified when they enter a nursery or day care program and are observed by professional preschool educators.

For parents the joys of having a gifted child are often tempered with problems which stem from various sources. Among these are a lack of understanding of the nature of giftedness in the preschool child, frustration at how best to provide for the needs of the young child, concern over the social development of the intellectually advanced child, and feelings of isolation when they try to relate to other parents who do not share their problems. Nevertheless the joy of interaction with the gifted child should transcend the problems.

Teachers of preschool programs are likely to face similar problems. In addition to the same problems which parents face, teachers encounter difficulties regarding identification of gifted children, questions about the types of learning experiences appropriate to the gifted child, and recommendations for subsequent program modifications to meet the special needs of the gifted. But the teacher should also be open to the excitement and rewards which come from working with a gifted child.

Characteristics and Identification of Preschool Gifted Children

The purpose of this article is to present the characteristics of the preschool gifted child, to identify some of the problems of these children, and to suggest possible solutions or alternatives for handling the problems. The United States Office of Education recognizes five basic areas of giftedness which are often subsummed under the heading "Gifted, Creative, and Talented" (Marland, 1972). The five areas of giftedness are:

1. superior intellectual ability.
2. special talent within an area of the curriculum such as science, mathematics, or language arts.
3. creative thinking ability.
4. leadership giftedness.
5. special talent in visual and performing arts.

After several decades of research we still know little about the nature of giftedness among preschoolers. Studies of gifted children generally begin after the children have entered school and psychometric assessments have been made. Thus, we rely on descriptions of the characteristics of young gifted children. Witty (1958) listed a number of these observable behaviors including: early use of large vocabulary; language proficiency; observation and retention of information about things observed; interest in many kinds of books and in calendars and clocks; greater than average attention span; proficiency in drawing, music or other arts; discovery of cause-effect relationships; and the early ability to read. This list is especially useful in that it does not exclude other aspects of giftedness while overemphasizing the intellectual nature of giftedness.

A more recent description of characteristics of the preschool gifted child was presented by Roeper (1977) who emphasized the early development of exceptional verbal ability in the young gifted child. She also noted physical characteristics such as early walking, great energy for physical activities, and less need for sleep than the average

child. Observers of preschool gifted children in a school setting have also noted that these children are sometimes perfectionists, are occasionally extremely sensitive, are likely to have an exceptional memory, and are able to think abstractly.

Identification of the preschool gifted child is difficult because there are few instruments or procedures which can accommodate very young children. Although individualized intelligence tests are available for this age group, their limitations when used to assess intellectual giftedness have been noted (Sattler, 1974, p. 209,212). The limitations include variability in the difficulty of the tests commonly used to assess the intelligence of preschool children. Thus, a criterion score of 130 on the Stanford-Binet is considerably easier to obtain than a score of 130 on the Wechsler Preschool and Primary Scale of Intelligence. The latter test has also been found to have a low ceiling; that is to say, gifted children may obtain the maximum score and thus their full true range of ability remains unknown.

Assessment in other areas of giftedness proves to be even more difficult. Creativity is also manifest in very young children, yet it does not lend itself to easy evaluation. Starkweather (1971) cited evidence that suppression or enhancement of creative ability occurs before a child reaches five years of age, suggesting the importance of ascertaining the factors in the creative development of the young child. A series of creativity tests appropriate for use with preschool children was developed by Starkweather (1971). Specific factors measured by these instruments are conformity-nonconformity, willingness to try difficult tasks, and originality. The tests are activities which are designed to be game-like for motivation of the child. Each is individually administered and the responses are behavioral which makes judging objective.

Superiority in one rather specific area may also be an indication of the giftedness in the preschool child. The ability to copy complex block designs, trace mazes, and read maps are all examples of exceptional spatial ability which may be unrelated to total performance on an intelligence

test (Robinson, Roedell, and Jackson, 1979). Preschool children may show early signs of precocity in music, visual arts, dance, and drama. Early ability to read is also an excellent single index of giftedness.

Problems Facing Preschool Gifted Children

Problems facing preschool gifted children as well as their parents and teachers frequently result from the disparity between the child's rate of development in one area and the rate of development in another. An example of this is the young child who imagines an elaborately intricate castle and yet lacks the skill to create it in a drawing. In another case, the child who reasons well abstractly may be unable to communicate this reasoning to others and therefore may become frustrated by the futility of his/her efforts.

Adults often underestimate the young child's sensitivity to the concerns of the adult world. Problems such as death, divorce, financial problems, and violence are seldom shared with the very young and, yet, it is likely that the child is aware of these concerns and may, because of an incomplete or false understanding of the situation, fall fictim to doubts, fears, and guilt feelings of which the adult is unaware.

Interactions with other children may also be a problem for the intellectually able preschool child when playmates or classmates, while at the same chronological age, are considerably less advanced mentally than the gifted child. Evidences of gifted children's preferences for social interaction with children of equivalent mental age were reported by O'Shea (1975). The importance of providing opportunities for these children to interact is emphasized by those who work with with the gifted (Robinson, Roedell, and Jackson, 1979).

Suggestions for Parents and Teachers

Parents who recognize characteristics of giftedness in their child can do much during the preschool years to facilitate the development of the child. This is a crucial time in the child's development and interaction with parents is

critical in this period.

A primary role for parents of the preschool gifted child is to provide many experiences to stimulate the child's thinking and sensory development. Exploratory field trips are excellent vehicles for this enrichment. These field trips may be to historical museums, to a local veterinary clinic, to the park, or to the library. It is not necessary to undertake elaborate trips. The purpose of such activity is to give the child an opportunity to observe, question, absorb, and discuss, developing communication skills through interchanges with supportive, facilitating adults.

A second recommendation is to provide many experiences with books; experiences beginning with the child observing the parents reading. Young children should also be read to and should have books of their own to investigate. Durkin (1966) found that children who read very early almost always had parents who read to them. Thinking can be stimulated by having the child "tell what might happen next," or having the child evaluate the outcome of a story or the actions of a character. "What would you do? What's another way the story might end?" Along with the encouragement of books and outside interests comes the urging to limit the use of the television, selecting carefully those programs which are to be watched, and experiencing them with the child so that discussion and evaluation may take place.

Although many parents feel that teaching their preschooler to read is a worthwhile activity, it is more likely that the gifted preschooler will pick up reading without direct, systematic instruction. The time a parent would spend in such direct instruction might be better spent on the experiences which help the child develop concepts and understandings and increase his/her knowledge of the world. Durkin (1966) found that the most effective reading instruction for preschoolers came about as a result of parents' responses to a child's expression of interest in books, not as a result of a deliberate decision to teach reading.

One frequently overlooked ability which emerges naturally in gifted children, but which many parents and teachers stifle, is that of question-asking. While it may be disconcerting to have questions, both banal and esoteric, pouring forth endlessly from the lips of a three-or four-year-old, it must be remembered that this is an early means of exploring the world. It is through questions that the child gains information, verifies observations, and tentatively tries out hypotheses. Patience with such questions is a critical attribute of the effective parent and teacher of the gifted. Enthusiasm on the part of parents and teachers to answer the questions is a true virtue.

Parents are likely to be the first to observe and call attention to the abilities of their gifted four or five-year olds; indeed in some cases parents have been found to be better than educators at "identifying" young gifted children (Jacobs, 1971), and they seem to be able to provide the kinds of information which predicts giftedness (Malone and Moonan, 1975). Thus, a number of schools now use parent input as a part of the overall screening and identification process. Parents can also provide valuable information for teachers to use in planning individualized instructional programs for gifted children. The public relations value of seeking parent input in the identification process can also be substantial.

This leads naturally into a discussion of what a formal school program (whether preschool or kindergarten) can do for the gifted child. A school program should be prepared to provide experiences which challenge the gifted child at a level appropriate to the particular needs of the individual child. A good school program for the gifted also sets a brisk pace for instruction.

The school program, in providing for the needs of gifted nursery and kindergarten students, should also structure opportunities for the gifted child to interact with other gifted children in groups. Group activities provide intellectual stimulation and an opportunity to learn how to interact with intellectual peers. Group activities also facilitate self-concept development in preschool gifted children.

The school should also provide opportunities for discovery learning on the part of the gifted child. These experiences should avoid didactic teaching and facilitate exploration in depth using inquiry techniques and emphasizing the higher taxonomic levels of analysis, synthesis, and evaluation. With adult guidance gifted preschoolers should be encouraged to study the world around them in depth.

Good school programming for young gifted children will allow them to progress as rapidly as possible in their areas of strength, not holding them rigidly to a prescribed, limited curriculum or range of experience. A child who can already identify the various flora and fauna native to the region should not be forced to sit in a circle while the group lists signs of spring. Gifted children suffer much boredom and frustration when they are required to sit learning topics and subjects they already know well.

Creative thinking should be developed in the young gifted child through experience in fluency, flexibility, originality and elaboration, in both verbal and nonverbal contexts. These four basic divergent thinking skills are cited often in the literature on creativity. Fluency is the ability to produce a large number of responses to an idea or question. Flexibility is the ability to shift categories in thinking of idea; for example when thinking of alternative uses for a tin can, using them to hold pencils represents one category while using them to make a tin can telephone is an entirely different category of response. Originality is the ability to produce a relatively unusual response such as using tin cans to make a camp stove. Elaboration is the ability to "flesh out" an idea, to add description and explanation which develops the idea. Rather than activities which rely on convergent, right or wrong outcomes, gifted children need to expand their thinking skills to produce many possible ideas, different categories of ideas, unusual ideas, and well-developed ideas.

Suggestions for types of investigations which may lead to individualized, discovery-focused and creative activities may be found in publications such as Resources for

Creative Teaching in Early Childhood Education (Flemming, Hamilton, and Hicks, 1977). This curriculum guide contains 38 units complete with learning center experiences, group lesson plans, literature and songs, and teacher resources. Concepts and factual information are presented for the teacher at the outset of each unit. Provision for the gifted child can easily be made using this format and the suggested activities and resources.

Art activities and book lists for each unit are also presented with specified levels of experience and difficulty to assist the teacher in planning for children's individual experiences. An example of one of the units is Space Transportation. It begins with three pages of factual material for the teacher on planets, galaxies and stars, satellites, space exploration, and various other relevant aspects of space travel. Suggestions are then presented for a discovery center including directions for demonstrations of such concepts as inertia, centrifugal force, gravity and weightlessness. Centers are also proposed for dramatic play; for learning, language, and readiness materials; and for art and books. Group activities are also suggested using songs, records, and rhythms built around a space theme, some of which are actually presented in the book while others are referenced to standard music books. Finally, a list of teacher resources is offered including possible community resources such as a planetarium and a university geology or astronomy department.

Summary

Preschool gifted children exhibit behavioral characteristics which can be observed by parents and teachers. Alertness, keen memory, early ability to read, advanced vocabulary, and precocity in reasoning are a few of the early signs. Parents and teachers sometimes face problems with these children and experience disappointment and frustrations. However, there are many productive things parents can do to facilitate the development of these children. These include the provision of stimulating experiences, reading to the child, and arranging opportunities for the child to interact with other gifted children

in a group setting.

Maintaining a close, cooperative relationship between home and school will help the preschool gifted child develop a healthy self-concept and outlook on the world. It can help the child value and appreciate educational opportunities which come from both spheres while avoiding the negative outcomes which evolve when an adversary relationship develops between overly demanding parents and an inflexible school. The cooperative relationship does ultimately provide the foundation for a sound, healthy educational experience for the young gifted child.

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Introduction to Forecast for the 80's

What About the Future?

It is evident that the present lives of young children are filled with a multitude of changes and therefore crises. The following excerpts from an article by Harold G. Shane provides a perspective for viewing the 1980's. It provides the reader with a sense of the importance that family and non-family adults can have on the development of young lives.

FORECAST FOR THE 80'S

Harold G. Shane

As the present decade draws to a close, it seems clear that history will preserve memories both of its distinctive traumas and of the turbulence it inherited from the 60's. This was the era that biophysicist, John Platt, summed up, with glittering insight, as "a crisis of crises."

Values collided during the 70's when our country's traditional Currier and Ives morality encountered the New Permissiveness. To add to the conflict, many U.S. Americans became uneasy about—and even began to mistrust—such hallowed institutions as their government, the schools, big business, the military, and law enforcement agencies.

The schools continued to be hit by criticism from without and plagued by violence and vandalism from within. Enrollments tumbled by millions. In the instructional realm, however, alternative forms of schooling often sparkled with imagination. Bilingual education came into new prominence.

At best, all things considered, the 70's seem to have been a time of troubles. But what of the 80's? Specifically, what will the decade bring to education? Will the passage of time improve or restrict our educational options? Will the spirit of the times be a weariness of too much change in the schools? Or will it be a heightening of consciousness and sense of responsible service to our fellow humans sufficient to initiate an educational renaissance?

It is hazardous to skate on thin ice of intuitive prediction. It is less dangerous, however, to present a forecast that is supported by the trends we are presently weaving into the fabric of our lives. Let us first look at selected trends which at present promise to make a difference in our lives, specifically in our schools. Then we will speculate about educational changes that are likely to occur if these trends continue.

Changes in the Family

High on the list of present trends I would place changes in the structure and soundness of the family. Teachers cannot assume that all their students share the background of a two-parent family in which the mother works at home.

A diminution of home guidance for the young is one result of social change in families. Many "families" today might better be labeled *affinity groups*, for they are held together by the mutual needs of their members rather than the traditional blood ties. Guidance for children in these groups may be anybody's responsibility--or nobody's.

Childless women, at one time one-fifth of the women of 24 to 29, now number more than 50 percent of that group. Because women will be older when they begin to bear children, their children will probably have fewer siblings.

Another change is the increase in the employment of mothers. In 1960, only 20 percent of the mothers of children of 17 or younger were employed. In 1978, more than 50 percent of our mothers were working and a third of this group had children less than six years of age.

As a natural outcome of women's new working status, the proportion of three- and four-year-olds who attend preschool has tripled since 1964, from 10 percent to approximately 32 percent. One is led to ask, What is the future role of mothers, and what are the added responsibilities of fathers, in two-career families?

Changing parental attitudes. A second probable phenomenon of the 80's is surfacing in the form of unprecedented parental attitudes. The results of a recent Yankelovich poll suggest that nearly half of the parents of children of 12 or younger are unwilling to make sacrifices for their children; that many consider bearing children an option rather than a social responsibility; and that many feel that children have no obligation to them in the future. The poll results further suggest that the new breed

of parents are permissive, seek to avoid perpetuating traditional sex roles, and have little desire to push their children academically. If these results are accurate measures of attitudinal changes, and if such changes are increasing, the impact on schooling and teachers' roles could be enormous. All of these facts affect the kind of education we should be planning for the 80's.

Mobility: America's movable roots and ethnic changes. In the 10 years since *Today's Education* published "Forecast for the 70's," a massive migration of U.S. Americans has begun, from Snowbelt to Sunbelt. The Northeast and North Central states are the big losers in the switch to the sun: Pennsylvania alone has lost 400,000 residents in a recent 10-year interval.

An intriguing aspect of our recent migrations is that a growing number of Blacks have reversed the direction of their migration. Of several million Blacks who moved between 1970 and 1978, an estimated 100,000 moved southward.

Another phenomenon is the changing ethnic profile of America. As noted above, most immigrants have Hispanic backgrounds, and Hispanics seem fated to become our largest ethnic group during the 80's and to outnumber the Blacks appreciably during the 1990's.

A Coming "Baby Boomlet"

Aging is not the only population trend. At the other end of the age spectrum is the possibility of an echo of the baby boom of the 1950's. Despite the drop in the U.S. birthrate, the number of women of childbearing age will climb from 20 million in the 60's to 34 million by 1985. As a result, the trend in school enrollments could change from ebb to flood.

This increase may be largely offset, however, by a decline in the average number of children per woman. We will simply have to wait and see whether the pupil population swells and whether a scarcity of teachers once again occurs.

Inflation, taxation, and threatened pensions. Trends which are difficult to assess, but which could be ominous for education in the 80's, depend on the course of inflation, taxation, and debt. If inflation is not sharply curbed, prices could increase by as much as 100 percent in the next 10 years. By the year 2,000 the dollar could lose more than 90 percent of the purchasing power it had during the mid 60's.

Thus, the parents of a child who is three years old today must save $1,660 annually at 5 percent interest to pay the cost of a four-year degree for the child at a state university. By the time the child reaches 18, the cost of tuition will have increased from $16,000 to more than $42,000 even if the inflation rate averages no more than a conservative 6 percent each year.

The 1969 forecast in *Today's Education* anticipated seven major changes and a number of minor developments on the basis of ideas proposed by professional students of the future. Because of the protean developments in our society, more than a dozen educationally relevant forecasts merit our attention as we look ahead to the 80's.

For one thing, early childhood education, which elbowed its way to the footlights in the 70's, should continue to star. Especially if more babies actually make their debut, or if inflationary pressures continue, the number of mothers of children aged five or younger who work outside their homes could increase even further. Already more than tripled in 12 years, as noted earlier, nursery level enrollments could extend to include at least half of our three- to five-year-olds.

Despite notable opposition from some sources, prenatal intervention and the pursuit of alternatives to the natural course of conception and gestation will increase. Social disapproval of pregnant women who expose the unborn to alcohol and narcotics will provide only a part of this story in the coming decade. Genetic histories, prenatal physical examinations, and occasional surgery performed on the fetus in the uterus should begin to be more widely accepted

as part of society's responsibilities to its young.

Conception outside of the mother's body has already been accomplished. Troubling questions remain, however, about whether experiments involving test-tube babies are to be continued. In any event, the very early months of life promise to become the object of more intensified study than at present. Doctors and scientists will probably make greater efforts to provide whatever therapy a fetus needs as life begins.

Day care is likely to include a greater emphasis on helping children develop. Purely custodial care merely clogs early education's arteries without carrying much enrichment to young learners. In the 80's, therefore, programs for young children are likely to focus more clearly on guiding human development.

A superficial examination of trends based on a quick reading of books, magazines, and reports dealing with the future may lead one to infer that the 1980's will not be a happy decade for schooling in the United States. Such a conclusion, I think, is dangerous nonsense.

There are excellent reasons for looking to the 80's with confidence. For one thing, our profession has enormous human resources in the form of highly educated professionals with a great deal of intellectual wattage. Enrollments at the elementary school level may or may not begin to increase by the mid- and late-80's and recreate the market for large numbers of teachers. In any event, there remains an enormous opportunity to increase the quality of U.S. education.

In short, despite possible shoal waters ahead for the schools, the 80's can bring better times for both learners and teachers. Because of the increasing scope of their clientele, educators have a number of new opportunities. These include, for example, making education more "special" and personalized for all children--not just for the handicapped; endeavoring to meet the needs of mature and senior learners; and strengthening the concepts of genuine multi- and multilingual education in our plualistic society.